Schools of Medicine Allied Health Sciences Graduate Studies Nursing Dentistry

Medical College of Georgia
Summer, 1975 Volume 4, Number 4

MCG Today

Behind the Lines

It has been my good pleasure to enjoy fellowship with many of you at annual alumni banquets during the past few months. This issue will carry a report on some of the significant actions taken at these meetings and a full report on the election of new officers. On Sunday, March 23 I had the privilege of attending the Dental Alumni banquet at the Hinman meeting in Atlanta. The elegant School of Medicine Annual Alumni Association banquet took place at the Fairmont Colony Square Hotel in Atlanta on April 18. On May 10 the School of Nursing Alumni had a delightful luncheon at the Garden Center (Old Medical College building) in Augusta.

We are pleased to announce that each of these alumni associations — Medicine, Dentistry, and Nursing — accepted the offer of the MCG Foundation to handle their alumni dues through the establishment of a designated expendable account with the Foundation. In each case the Board of Managers of the respective alumni associations will retain full authority for disbursement of these funds. There will be no cost for the services provided by the Foundation. This will eliminate the present splintered system of gifts coming in through so many different channels and sometimes getting into the wrong account or not being acknowledged.

The MCG Foundation annual meeting also took place at the Fairmont Colony Square Hotel on April 19. The officers who served during the past year did a commendable job and we express deep gratitude to them. The fifth businessman was added to the Board of Trustees to succeed Dr. Irving Victor who rotated off the Board. We welcome Mr. John T. Phillips, President, Lilliston Corporation, Albany, to membership on the Board. Sincere appreciation is expressed to Dr. Irving Victor for his several years of faithful service.

The Foundation Trustees approved policy statements regarding the establishment of expendable accounts and designated endowments to benefit the Medical College. Governing instruments are now being prepared on all existing expendable accounts and will be prepared and properly executed on all future designated expendable accounts and endowment funds. New bookkeeping and banking procedures were approved.

The Sesquicentennial Campaign continues to move forward. As of May 12, 1975 we can report a total of $748,195 in cash and pledges. The faculty and staff of the Medical College have gone over the top on their $300,000 goal. Total alumni giving has also exceeded the $300,000 mark. The Augusta alumni effort under the leadership of Dr. Harold S. Engler now reports over $80,000 toward its $100,000 goal. The Augusta business and industry segment of the Campaign under the leadership of Mr. Charles Presley will begin with a May 15 kick-off. The goal of the business and industry phase of the Campaign here in Augusta is $400,000. We're going to be well over the one million dollar mark when we leave Augusta and go out across the State.

Other gifts are being received toward a Robert B. Greenblatt Professorship in Endocrinology. The most recent one is a $10,000 gift from Senator Eugene Holley designated for the Greenblatt Professorship Fund.

As our alumni join with the business and industry leaders who are interested in the Medical College in support of the Endowment Fund Campaign with both their time and their financial means, we will continue to carry the MCG Story to all areas of Georgia. —JCA

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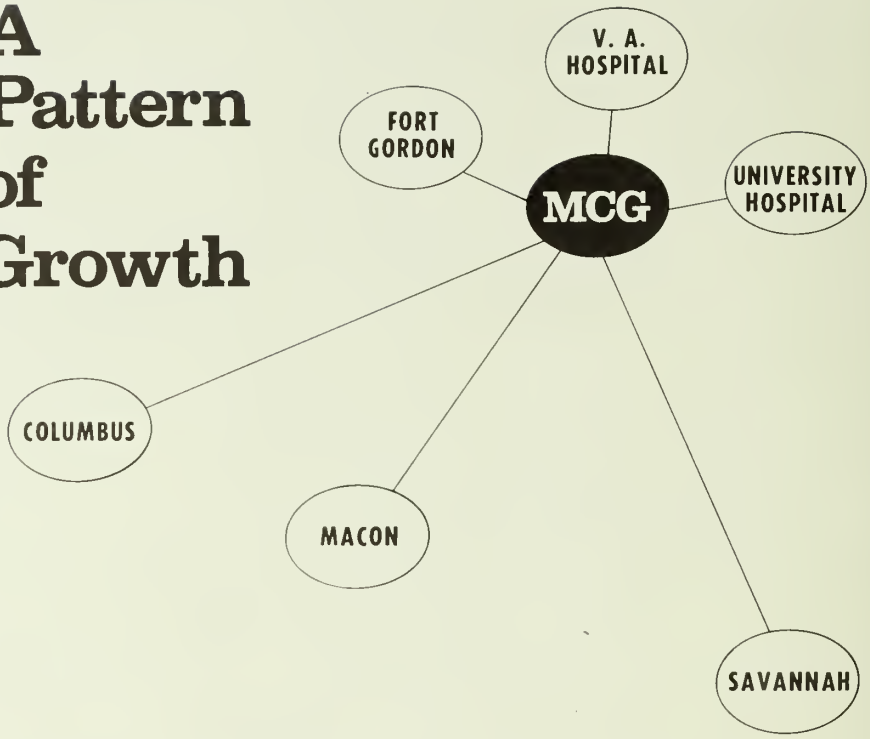
Affiliations: A Pattern of Growth



The School of Medicine at the Medical College has recently completed negotiations that will, in effect, establish remoted teaching programs in Savannah, Macon and Columbus. The impact of the program on the medical curriculum, and on medical practice in the state at large is expected to be great. Dr. Russell Moores, associate dean of medicine for special programs, was a principal negotiator of the affiliation agreements. The accompanying interview, with **MCG Today** contributing editor John W. Stokes reveals details of the program, and some hopes for its future.

##

STOKES/MOORES

TODAY: Where are they, how many and what kind of people are involved, what do they hope to do?

MOORES: Okay. Well, for quite a while, for a couple of years, there was an attempt to get some sort of loose type affiliation. When Bob Reynolds was here, he set up some loose agreements where we could have elective students in a place. He wound up getting some loose affiliations for just elective type things. And that was the way it sort of stood for a couple of years. And then a year ago, it started in June of '73, Curtis (Carter) asked me to be chairman of the affiliation committee which was comprised of the chairmen of the clinical departments and some of the associate deans. At this time, the decision was made to really try to make stronger affiliations for some places around the state.

TODAY: Where were we fairly strong affiliated at that time?

MOORES: Well, we weren't. All we had was a thing with Savannah saying we're affiliated and we have elective students there and that type of thing. No real strong affiliation — all we had was three or four students a year going to Savannah. Or a half dozen going to Macon, a half dozen going to Columbus just for a specific cardiology elective, and an emergency room elective — that type of thing. But no other type of affiliation at all. And then in June of '73, we met with the people in Savannah, Columbus and Macon. And, so that was when the decision was made. In September it looked as if we were ready to go ahead and really start working on this. And then the situation in Columbus became more complicated than anticipated. Essentially, six months was lost because of this. Between January and about May, we worked out contracts with Savannah and Macon. It was April or May, somewhere — just took a few months really — to get things down to what we were really going to do. With Columbus, we thought in June we had it completely worked out. It fell through. We thought then in January, this January, it was completely worked out. Objections were raised — finally this was last Wednesday night, March 26, they had their last meeting and they approved it, so it's gone to the Regents. So we will have a thing in Columbus pretty shortly. But it's reached the point that everybody has ratified everything, so it's just a matter of the Regents giving their administrative approval. But this is sort of the

time sequence we've had.

TODAY: Are the three contracts essentially alike?

MOORES: Except for one thing: they are identical, with one exception in Columbus. One of the big problems in Columbus was that they had a Medical Center, community hospital, supported by the city and county of Columbus, Muscogee County. It's had a good teaching program. It's had a residency program for years. It had an affiliation of sorts with Emory. It had good full-time people. Really, ideally on paper, that should be the best thing we could just sort of move into. Then there's a private hospital called St. Francis, which is also very interested in participation. We had to have them work out an agreement, as well as us working out an agreement. So the agreement we have with the Columbus Joint Medical Education Program (COLMED) in Columbus is similar to arrangements we have with Macon and Savannah; but then they have this agreement in Columbus between the two hospitals. Now pediatrics and OB will be done only at the Medical Center, surgery and medicine will be done at the two hospitals. There will be full-time people at the St. Francis as well as at the Medical Center. But, the contracts are the same, other than this internal thing we had to work out there.

TODAY: You're so intimately familiar with the medical curriculum. But please understand that I'm not and a number of readers are not. So, what's going on in these places?

MOORES: Okay. The way the medical curriculum is set up, the first year everybody takes the same thing except that they have one or two afternoons a week for one quarter when they can take electives here in Augusta. Everything else is standard. Then they have the summer off. Then the second year, again standard curriculum: everybody taking the same thing, here in Augusta, except for the one or two afternoons a week when they have the elective offered for one quarter. So the first two years, then, are essentially as they've been for years — there's some earlier clinical, you know, correlation and some earlier physical diagnosis, but that's all. So everybody takes the same thing except for those one or two afternoons a week for one quarter.

But at the end of the sophomore year, from that point until the time they graduate, it's 24 months. In that 24 month period, they have to take 18 months of work. Now they're free to take 24 if they want. Most of our students actually take 20 or 21. But the thing is they have to take 18, and they're free to take six months of vacation anywhere in there, or take no vacation, or take two months or whatever. Anyway, the minimum required is 18 months. Of that 18, nine of them are spelled out and nine of them are purely elective.

So, everybody has to take three months of medicine, two months of surgery, six weeks of OB, six weeks of pediatrics and one month in psychiatry. Everybody has to have that. Everybody has to have nine other months that they can choose. If somebody was going into surgery he could have it all in medicine and do nothing but medicine, or do nothing but surgery, or he could mix them up. And that's the way it's set up: There's nine months of so-called core, and nine months of elective, plus however many more months they want to pack into the 25.

So what we're talking about here is getting them out for their core clerkships, not electives.

TODAY: Would that mean that at the start of his junior year, a student could go to any one of these three cities and stay there for nine months?

MOORES: We don't want to do this. Let me tell you what the purposes of this are. One: (this is from my point of view; the major purpose is getting the students exposed to different kinds of medicine. What we have here in Augusta is strictly a tertiary care center. It's strictly referral, highly screened, for highly complex patients that have gone from their private practitioners, generally to another specialist, to a community hospital and then they wind up getting referred here. This is the type patient we deal with (at Talmadge). And the people that are here doing it are full-time academic people with interests in research and academic pursuits. They're good people, but they view things differently than somebody in the private practice of medicine. And, the patients they work with are different.

The student needs to be exposed to this. But I personally think it's best if they are also exposed to another kind of patient, another kind of teacher. So my main interest in this is getting them into another situation — the community hospital; seeing more of full-time faculty who are different. They want to be there teaching, but they don't have the research interest say, as somebody here has. So the full-time people there, although equally good, hopefully, are different. And then students have more chance for exposure to the practicing

physicians. That's much closer to the actual, you know, patient they may see in practice. They're just once-removed from the physicians office.

TODAY: Well, how is it decided where this student goes, if indeed he goest anywhere, and how much of his 18 months is spent out there?

MOORES: What I was trying to lead up to with that, was that we want them exposed; we want everybody exposed to this other patient and other teacher, but also exposed to our patients and our teachers here. So that's why we don't want them to go off and spend 18 months in Savannah or Macon or Columbus. What we want, what we hope we'll have eventually, is that we will have in each of these cities ten full-time faculty positions. Actually there'll be 12 in Columbus because we're dealing with two hospitals.

There will be 20 students at each city at all times when we have 200 students in an entering class and when they have the full ten or 12 faculty members in each of the three cities. Medicine is a three month clerkship. What we want is for everyone to have half of their medicine here. So everybody will have six weeks of medicine here or at VA, and then six weeks out in one of these other hospitals. Now the surgery core is two months. That's too short to split up, so somebody who has core surgery out will have the whole thing out. Someone who has core OB out, or core pediatrics out, will have the whole thing out. So what we'll try to do is correlate it to where we'll have each person having at least part of their core clerkships out; maybe half of medicine, plus pediatrics. Or surgery plus OB. But everybody will have several months out. Whether it will be 50 per cent out or 30 per cent out, I don't know yet. They're going to have to sit down with pencil, paper and computer and figure just how in the hell that'll work out.

TODAY: You think students are

going to like this?

MOORES: Yes, they do so far.

TODAY: Who pays the faculty? Would this set-up mean a married student would maintain two households.

MOORES: Alright, let me tell you what the financial aspects are. What we've done is work out to where faculty are our full-time employees. But they're paid half by the hospital so that we split the cost. We take a person and we figure the salary we would pay him if we were bringing him to the Talmadge Hospital, and we pay half of that. Now, what's been found is that around the country, it costs more to get the kind of people you want to go to Macon (or satellite programs in general) than it does to get them to come to the parent medical school. Say this faculty person is an assistant professor and we were going to pay him $30,000. We'd pay $15,000, and then the hospital involved gives us $15,000. So we write him a check for $30,000. Now, that hospital, in order to get him, realizes they have to supplement that. So, the hospital is free to enter into whatever sort of arrangement they want to, in order to guarantee that this fellow's going to come there and stay there. So that's the financial arrangement on the faculty. Actually, you know, the check comes from us. They're part of the University System, the retirement system, the whole bit. They are our employees just as much as you and I are.

For the student, we pay his way down and back one time. We pay him mileage or whatever. We'll get him down there and back one time. Now, we want the student there to be just as if he were here. That is, we don't furnish meals here. We don't launder the uniforms here etc. Okay, we ask Macon, but if they're just going to be gone for two months or three months or at most four months out of this year, clearly they can't give up their apartment here — even if they are unmarried. They can't afford to give up their apartment and then have to come back and have to find a new apartment after only two months. It's just not feasible. And the school recognizes this. So, we have a per diem that we worked out with the hospital. What we've told the hospital is 'we know it's going to cost you a certain amount to have these students here. We will pay the educational costs of the students, and we figured it out at so many dollars per day, and you can pay housing costs.'

TODAY: Okay, where do we stand now with regard to recruiting, staffing, and having students out there?

MOORES: It's been almost a year now. We have two of these signed. Now the problem is to get the faculty that we're looking for. In Savannah, when this started, we had Carl Rosengart there as director of medical education. Carl's a neurologist that had been on our faculty. He used to come up here from Savannah every week for a neurology clinic for years, so he'd been around the medical school. Jim Waller was head of internal medicine. Jim is well-trained. Out of Vanderbuilt. An infectious disease man. Good internist. There was a pediatrician who was 70,

beyond our retirement age. He couldn't be the head of pediatrics there. No OB person at all. So, in essence, we had a director of medical education and an internist and that was all. They're in the process of recruiting. Savannah has a good medicine residency, so we have students. We have two students taking core medicine right now in Savannah. So we have that. And that's all we have in Savannah. We are recruiting now. Looking at pediatricians; looking for an obstetrician.

TODAY: Let's shift over to, if you don't mind, to Macon.

MOORES: Macon has been by far the easiest to work with. It's been the most effective. Largely because Jim Acord was there. Jim Acord has been doing the medicine, but he's so busy with the director of medical education work that he hasn't been able to set up a medicine program yet. But, we have three students there in core surgery. We have three students there in core obstetrics, and one student there in core pediatrics. And it has really gone smoothly because of Jim Acord.

TODAY: Is there any pulling back because of Mercer's efforts to start a medical school?

MOORES: No. But if they get started, it's just going to shoot us down in Macon. There's no question of it. What I hope is that Mercer will change its mind about the medical school idea. But I'm afraid that unless the economy intervenes, they're going to put it up. And, if they do, then we have no choice but to get out. Because we can't mount a small program for 20 students with a handful of faculty in the major teaching hospital of another medical school from 130 miles away.

TODAY: Are there other clinical centers in the state?

MOORES: Yes. There could be. Rome is trying to start a program now. They'd definitely be interested in affiliating with us. They're interested. They're energetic. Albany — there's a possibility. Rome would be more likely if we have to get out of Macon. I think one beauty of Rome is that it's in the northern part of the state. It's more accessible to us. It would be better for the State of Georgia if we'd get some folks out that way.

TODAY: What about Columbus?

MOORES: We have Dan Cabiness, a good man in Columbus. He's an internist. He's director of medical education. Great, confident. We have a surgeon there, full-time. We have a family practice man there full-time. We have an obstetrician there full-time. We have someone in internal medicine who'd been doing the clinics, but will come in full-time. Over at St. Francis, we also have a good man, Clarence Butler, as director of medical education. Dr. Bill Love is going to go there in surgery.

So, we really have more potential faculty sitting there right now waiting to go, than anywhere else. We have had pediatric students there for two years — core pediatrics — because (pediatrics chairman) Alex Robertson felt he needed more beds and he went out on his own to find them. And we've continued to have a couple of pediatric students there too this time. So we could tomorrow (if we sign that thing tomorrow) we could have OB students immediately; surgery students there immediately. So it's just sort of sitting there waiting. So that, potentially, from an educational point of view, we have a much better chance of really mounting something now.

TODAY: What about that second goal of this effort you mentioned at the start of this interview?

MOORES: The first thing, I mentioned was wanting to get them to see different patients. Different kinds of patients and different kinds of teachers. The other goal I have is to get out into the State of Georgia to different areas. We're hoping that if we can get students out into core clerkships, then if they like it, they'll go back for electives, and then they'll stay for house staff training. Then they'll stay. It doesn't get them in the rural area, but at least it diffuses them somewhat. The third thing, which to me is least important, but which to some departments is very important, is beds. Now once the new hospital is open in 12 months, 18 months, whatever it is, we won't have that problem. But OB and pediatrics right now need more beds. So that if we could sign in Columbus tomorrow, OB would have patients there the next day. Medicine and surgery do not need that.

TODAY: Assuming that Macon stays with us, and when this thing is at full tilt, full staff, and there are 20 students in each center, and we have a 200 student entering class, will this set-up relieve a considerable strain on our facilities here? Just what are some long-range implications?

MOORES: Within the limits of handling 200 students we can handle them here when we get the new addition on to the R&E Building. So as far as the first two years go, there will be facilities here for that. This other will only apply to

the required clinical clerkships.

When we have the 200 students, we will have then at any given time 140 of the class on our wards and clinics here, and 60 out in the state. This will not leave us undercovered here, but it will give us more beds to use and all, so that it will, I think, be good. But, I think we could, when this new hospital is finished, given Ft. Gordon, given the VA, given all the hospitals we have around here that we can use, we could handle all 200 students clinically in the city of Augusta. There's no question about it.

TODAY: Then the effect of the out-state affiliations is more with regard to quality of the education experience than with the quantity of it.

MOORES: The effect is with quality of the education experience — but, there'd be people that would argue. Probably half the faculty would say 'that's no damn good. You're foolish for sending them out there. We can give them the best education right here.' But the idea is that it should be a better educational experience and then, (2.), to get them out. It's a sociological thing for the State of Georgia to get them out, and it's an educational thing too, thinking this will

be better for them if they're exposed to different types of things.

TODAY: The final question: Won't these affiliations relate this insitution much more closely to the other major population centers in Georgia and have some impact on the quality of medical practice?

MOORES: This is the whole idea and this is why these hospitals and these communities are willing to invest in this. What it does, when you have an active training program in a community — with students, with house officers, is that the part time faculty, the visiting faculty, really have to be on their toes and they really work at it. They're not going to go in and be made asses of by a junior student. They prepared themselves better. And this is reflective in their whole practice. It really then spills over into the community. It's just very clear that in a community where there is training going on, just the presence of it tends to elevate everybody's intellectual activity in the community. And it does spill over into practice. Now I said it's not going to get into rural Georgia. I don't know how one does this. Every country's had a problem with getting people out into rural, more rural areas. And it's not just medicine. There are no lawyers practicing in rural Georgia. There are no dentists in rural Georgia. There are no architects in rural Georgia and there're no engineers in rural Georgia. So, it doesn't help the rural areas, I know. But at least it's going to effect physician distribution to these three areas. So that's one thing else we're trying to do.

TODAY: Thank you Dr. Moores.□

MCG Hosts 1st Open-Heart Patient and Reviews 18 Years of Progress

It was Nov. 14, 1957. A team of surgeons at the Medical College of Georgia's Eugene Talmadge Memorial Hospital were about to try a surgical procedure that previously had been successfully performed at only two other hospitals.

The patient was a two year old little girl from Claxton, Georgia. She had a ventricular septal defect. If she was to live a normal life, the defect had to be repaired.

Dr. Robert Ellison assisted by Dr. William Moretz, now MCG president, sutured the hole in the little girl's heart and gave Patricia Williamson Carter a new life. They also began a new era in open heart procedures at the Medical College.

Today, Pat is a young lady of 19. She still lives in Claxton, is married and works as a seamstress. She's never given her heart a second thought. And, the only medical care she has required are yearly check-ups.

Patty's mother says that she never coddled or curtailed her child "because the doctor told me her heart was as good as his, and I didn't need to worry about it."

Pat returned to Talmadge this November, but not for medical reasons. Rather she was given a tour of the facilities now available for open heart patients.

As she, her mother and cousin walked with Dr. Ellison, he recounted that in 1957, open heart surgery was in its infancy. "The University of Minnesota and the Mayo Clinic had done it. So we visited these institutions and observed the procedure. We then returned to the lab and built a heart-lung machine for Patricia."

Dr. Ellison remembers that Pat's surgery took about 15 units of fresh blood, eight to prime the heart-lung machine, and another seven for use during the operation and recovery. The blood had to be drawn just hours before surgery in order to be fresh enough. Pat's doctor in Claxton, Dr. Curtis G. Hames, typed the blood of several of the area's residents and asked those with Pat's type to be in Augusta the morning of the surgery.

That morning 15 people were at Talmadge, and the blood bank began drawing blood. "It was about 10 a.m. before we had enough fresh blood to begin surgery," recalls Dr. Ellison.

Today the machines are primed with a physiological solution and for an operation similar to Pat's only one unit of blood probably would be needed.

Another change since Pat was first at Talmadge is an intensive care unit for the surgery patients. There were no such units 17 years ago. Pat has a faint scar on her throat where a tracheotomy had to be performed due to complications after her surgery. Dr. Ellison says that with the contemporary monitors keeping constant watch over the patient, such procedures usually are not necessary.

While Pat was recovering from the open heart surgery, a team of special nurses was assigned to watch her, but they didn't have the benefit of the contemporary machines.

Pat has another scar, on her arm where a cardiac catheterization was performed. In the cath lab, Pat learned that this procedure helped Talmadge physicians confirm Dr. Hames' diagnosis of her heart defect. Dr. Martin Frank, director of the hemodynamics laboratory, told Pat, catheterization is still used today, however now the lab is very modern with very sophisticated equipment. Doctors can film the dye as it enters the heart, then play it back instantly, or hold it for later review.

On her tour of this area of Talmadge, Pat also learned that catheterization can be performed on adults without the use of anesthetic, as there are no nerve endings in the walls of the heart.

Also new is the use of a clinical nurse specialist, who acts as a liaison between family and doctor. This person answers the family's questions and keeps them informed as to the progress of the surgery.

Pat's mother says, "When Patty was being worked on, it was Dr. Ellison who told us what was happening. He would come out ever so often and tell us how she was doing . . . he is such a kind man."

Since that November day when MCG first accomplished open heart surgery, Talmadge has become a major referral center for the state and region. Nearly 1400 open heart procedures have been performed, ranging from birth defects, such as Patricia's, to correction of valve defects and grafting veins from the arm or leg to bypass coronary arteries damaged by disease.

Dr. Ellison says that open heart surgery is routine now, with about 4 or 5 such operations performed here each week. □

on campus

provost named

Dr. Lois T. Ellison has been named Provost of the Medical College of Georgia. Announcement of her appointment was made by Dr. William H. Moretz, MCG president, following approval by the Board of Regents.

Dr. Ellison will function as chief advisor to the president, coordinating inter-institutional relationships in matters relating to academic affairs.

Dr. Ellison was born in Fort Valley, Ga. She earned her undergraduate degree at the University of Georgia and was awarded the MD degree from the medical college in 1950.

Her career at MCG began in 1951, as a research associate in the physiology department. Dr. Ellison later was named director of the cardiopulmonary laboratory. In 1971, she was advanced to professor of medicine, thoracic surgery and physiology and last year was named associate dean for curriculum for the School of Medicine.

program offered

Regents of the University System of Georgia have approved an associate in science in dental laboratory program for MCG. This is the first such program to be offered in any of Georgia's colleges and universities. The program is a cooperative effort between the medical college's School of Dentistry and Augusta Area Technical School. The course of study, to begin with this spring's quarter, is designed to teach students to assist the dental team with the preparation and fitting of crowns, bridges and inlays, among other dental needs.

elected president

Leilee P. Ault, a professor in the School of Nursing at MCG, has been elected president of the Beta Omicron chapter of Sigma Theta Tau, the national nursing honor society.

Other new officers include: *Betty Golden*, '69, assistant administrator, Talmadge Hospital, vice president; *Nelle B. Ramage*, '73, nursing instructor, secretary, and *Catherine DeLong*, '73, staff nurse, Talmadge Hospital, treasurer. Margaret K. Murphy and Mary Margaret Ware, both nursing faculty members, were elected faculty counselors by the group.

technologist honored

Marilyn Kangelos, associate professor of medical technology at the Medical College of Georgia, has been named Medical Technologist of the Year by the Georgia Society for Medical Technology. Kangelos joined MCG in 1960 and received her faculty appointment as instructor in 1965.

hygienists in demand

Dental hygienists are in great demand in certain areas of Georgia, according to a survey conducted by Dr. P. Kenneth Morse, professor of dental education at MCG for a committee of the Georgia Dental Association.

The tabulation indicated greatest need in areas outside of north Georgia and communities with less than a 50,000 population. Communities located more than 60 miles from a dental hygiene school have a greater need.

Demand is also relatively greater for practices with two or more dentists, and with those dentists with no hygienist or with three or more hygienists presently employed.

Central, eastern and southeast Georgia were areas requiring dental hygienists now or within the next six months, based on the tabulation. Those communities with a population of 5,000-9,999 people indicated the greatest need.

hemoglobin center

The first International Center for Hemoglobin Information has been established at MCG.

Since 1948 the study of hemoglobins, and in particular variances in types of hemoglobins, has become increasingly important to physicians and medical researchers alike. Medical research has recorded 244 hemoglobin abnormalities to date, and the number continue to grow.

Miss Ruth Wrightstone, assistant professor of medical technology and director of the hemoglobin information center, explains that the need for establishing better mechanisms in reporting current and future studies of abnormal hemoglobins was expressed last September at the 15th International Congress of Hematology held in Jerusalem.

"With the accumulation of published information on abnormal hemoglobins in many different and diverse journals and books, evaluating the current knowledge about each mutant becomes increasingly difficult," said Wrightstone.

"We are providing a central information center where all investigators can send their results. In this way we can maintain a catalog of all hemoglobin variants, incidence, ethnic groups, pedigrees, and genetics of each hemoglobin and its effect on the individual," Wrightstone said. This information will then be made

available to any investigator requesting it.

The center at MCG is expected to be used by hemoglobin investigators, blood specialists, pathologists, clinicians and general practitioners. "This is because a number of unexplained anemias and other conditions can now be attributed to differences in hemoglobin type," explained Wrightstone.

Although the center is still in the process of organizing its informational system, it does have a current list of all the known hemoglobin variants reported in the literature since 1946. Information is also coming to the center from such locations as Malta, Italy, Germany, South America, Africa, and from cities throughout the United States, Wrightstone said.

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professor emeritus

Dr. Hobbs, retired professor of pathology at MCG and chief of laboratory services at the Veterans Administration Hospital since 1963 has been named professor emeritus of pathology at MCG, effective July 1. The announcement was made at the March meeting of the Board of Regents of the University System of Georgia.

authors book

Dr. A. Calhoun Witham, MCG Professor of Medicine and Chief of Cardiology, has written a 446 page book entitled *A System of Vectorcardiographic.* The book summarizes more than 4,000 patient studies conducted by the physician during the past ten years.

MISS RAINSFORD RETIRES — Miss Sadie Rainsford retired in May after 33 years at MCG. She came as assistant librarian in 1942, became librarian in 1950. The library had 14,000 volumes in 1942 and today has over 100,000 books plus photoduplication and teletype equipment. Dr. William H. Moretz, president, expresses his appreciation in ceremonies honoring Miss Rainsford.

Looking Back

American anesthesiology lost a vital figure upon the death of Dr. Lewis H. Wright (MCG '25) in late 1974.

Dr. Wright pioneered the use of curare in anesthesiology for which he modestly never sought any claim of recognition. He spent more than 30 years as the liaison between the pharmaceutical manufacturer and the clinical anesthesiologist, retiring from E. R. Squibb and Son as medical director on March 31, 1962.

He was born in North Dakota and was a 1914 graduate of Cornell University. After graduation from the Medical College of Georgia he practiced obstetrics and anesthesia for five years before joining the Squibb organization.

He played a role in the early development of cyclopropane as an agent and his interest led to the premise that the muscle relaxant, curare, marketed as "Intocostrin" by Squibb would be useful in surgical anesthesia. This was met with derisive skepticism from anesthesiologists who could not visualize its potential.

Dr. Wright sent out investigational supplies to numerous physicians and the lot sent to Montreal successfully produced the long sought for muscle relaxation under byclopropane anesthesia. Drs. Harold Griffin and Enid Johnson's 1942 report marked a radical departure in clinical anesthesia practice.

He was one of the founders of the Wood Library — museum of Anesthesiology and of the World Federation of Societies of Anesthesiologists in 1955.

Dr. Wright was married to Alice Collins who continues to live in New York. They have one son, Stephen C. and two grandsons, Randolph Brooks and Gary Eugene. □

Alumni Elect Officers

Dr. Ralph G. Talman, '74, of Decatur has been elected president of the School of Dentistry Alumni Association.

Dr. Talman was elected during the annual Hinman Meeting in Atlanta on March 23 and succeeds Dr. Reamer Allmond.

Elected to serve with Dr. Talman were Dr. Van B. Haywood, Chapel Hill, N.C., vice-president; Dr. Robert L. Gordon, Belvedere, S.C., secretary-treasurer; Dr. Sammy Thomason, Commerce, president-elect; Dr. Phil Miller, Augusta, vice-president-elect and Dr. Reppard Bennett, Gainesville, secretary-treasurer elect.

A constitution for the association was approved in the meeting after minor changes. Dr. Lee Bell, vice-president of the association read the proposed constitution which set two annual meetings — one in September and the other in March at the Hinman session.

Dues were set at $10 annually for those who have been out of school for 12 or more months. The new governing board has contracted with the MCG Foundation, Inc. for the handling of its financial and record systems. The governing board retains all control on how the money is spent but will receive free "banking service" through the foundation. This will include auditing, receipt of dues, and payment of bills upon written request from the governing board.

Faculty members present were Dean Judson C. Hickey, Dr. Jack Sherrer (advisor to the alumni), Dr. Will Spearin, Dr. Ken Hawkins, Dr. Dave Beaudreau and Mr. James C. Austin, director of the Division of Institutional Relations.

Forty alumni and their wives attended, including a number from out-of-state. □

Dr. Talman

Dr. Haywood

Dr. Gordon

Dr. Floyd C. Jarrell, Jr., '46, was elected president of the Medical College of Georgia School of Medicine Alumni Association in conjunction with the Medical Association of Georgia meeting.

Dr. Jarrell assumed duties April 18 from Dr. George Green of Sparta.

The new president came into the position at a time when a new set of by-laws has been approved. The by-laws approved April 18 by the membership, replaced the amended 1933 by-laws.

Elected to serve with Dr. Jarrell were president-elect, Dr. Woodrow Goss, Ashburn; first vice-president, Dr. Hoke Wammock, LaGrange; second vice-president, Dr. Harvey M. Newman, III, Gainesville; secretary-treasurer, Dr. Harold S. Engler, Augusta; three year directors, Dr. William C. Shirley, Macon and Dr. H. Calvin Jackson, Manchester. Hold over directors are, two years, Dr. J. Render Turner, LaGrange and Dr. David A. Wells, Dalton and one year, Dr. Philip R. Bartholomew, Atlanta. There is a vacancy created in the one year directorship position due to the elevation of Dr. Newman to second vice-president. The president and Board of Managers may fill this position by appointment.

Some of the changes brought about with the new by-laws are:

1) Twice a year Board of Manager meetings instead of one. These meetings will be in November and March.
2) Past president have the authority to make motions and to vote in the Board of Managers meetings.
3) Provision is made for a nominating committee which will report to the

Medical Officers–Drs. Wammack, Jarrell, Green and Goss.

March session of the Board of Managers. The Board retains full nomination authority and nominations may be made on the ballot.

4) Provision is made for a finance committee to study the financial situation of the association and to make recommendations to the Board for use of the association's income.

5) Membership has been extended to those who are not MCG graduates but who have completed two or more years of residency training at MCG.

. . . to fulltime members of the School of Medicine faculty who apply for membership and are approved by the Board of Managers.

. . . the Board is also empowered to grant honorary memberships and to elect other physicians and faculty members to affiliated membership.

The new by-laws were written by a committee appointed by Dr. George Green, president in 1974-75, on Feb. 28, 1974. Dr. Hoke Wammock was chairman of the committee and was assisted by Dr. Jule Neal of Macon and Dr. Green.

The by-laws were approved, with changes, by the Board of Managers on April 3 in Augusta and a copy of the by-laws was mailed to each of the approximately 3,000 members. Association-wide approval came on April 18 in Atlanta.

In other actions on April 3 the Board of Managers voted:

—$2,000 discretionary money to the President's Office.

—$2,000 discretionary money to the Dean of the School of Medicine's Office.

—Approved the annual dinner date for April 18 at the Fairmont Hotel in Atlanta.

—Approved the ballot for new officers to be proposed to members.

—Accepted the resignations during the past year of Dr. Joseph Mulherin, Augusta, as secretary-treasurer and of Dr. Ronald F. Galloway, Augusta, as second vice-president.

In actions on April 18 the Board of Managers voted:

—$2,500 honorarium to Miss Mary P. Hallinan, alumni secretary.

—Adopted a job description for the association's secretarial position.

—Voted to begin using the MCG Foundation, Inc. as its financial agent. The Foundation and the Association will enter a contract through which the Foundation provides all "banking" services to the association free of charge. The Association retains all rights to its financial status and no money may be spent without the consent of the Board of Managers. The Foundation will provide receipt of money, acknowledgement of all receipts, auditing and other financial services.

—$2,000 for student aid

—$5,000 for the MCG Today magazine, if the money is available.

—Heard a report from Dr. Dan Sullivan's committee on the alumni foundation center and voted to not designate additional money to the center until specific needs are determined. □

If You Die Tonight

EDITOR'S NOTE: The following story is oriented to the physician but the information within it can be of assistance to any person seeking additional information about estate planning. The Medical College of Georgia offers assistance in the area of estate planning and deferred giving through its Director of Institutional Relations, Mr. James C. Austin.

Read this article, and the rest of this special issue, with a scratch pad and pen in hand. When you've finished, you'll have your own reminder list and a pretty well-informed overview. To begin, there's the roundtable discussion that follows.

The Articles on pages 11-20 were taken from the Jan. 1974 issue of Physicians Management *Magazine.*

Dreadful as the first thought must seem, this roundtable discussion is about death and your financial planning for it. Not that we're trying to be morbid. Just constructive. For good reason. We hear it over and over again: Physicians are shockingly, heartbreakingly lax in preparing for the inevitable.

Their wives are left unprepared for widowhood.

Their children are left without guardians.

Their personal and professional concerns are left tangled.

There's no need.

That's one point that came through clearly in the half-day discussion not long ago in New York. Three of the men seated around a conference table were:

• Walter Walthall, M.D., past president, Texas Medical Association. He's spoken many times to groups of physicians and their wives on what to do when the doctor dies. He's been consulted many times after the death of a colleague in his state; it's a topic of serious concern to him, because he's all too often seen the unnecessary burdens imposed by inadequate estate planning. He's a family physician.

• Robert B. Taylor, M.D., is also a family doctor who's used to being in the public eye. He's written articles for *Physicians' Management* and others plus a trio of books for Harper & Row, Publishers, Inc. — "Common Problems in Office Practice", "The Practical Art of Medicine", and "A Primer of Clinical Symptoms" — plus "Feeling Alive After 65", a health guide for senior citizens that has just been released by Arlington House Publishers, Inc. Despite his heavy working schedule, Dr. Taylor is up to date on his own will, having recently gone through extended sessions on estate planning with his attorney.

• Michael H. Rotman, J.D., a Chicago lawyer, has often been quoted in these pages, particularly with reference to the professional corporation — though on other tax-related subjects as well, since tax law is his specialty. He last bylined an article for our February, 1973, issue, "Tax Avoidance or Tax Fraud: The Whale of a Difference." It took up "a baker's dozen of the more common tax dodges and mistakes with appropriate comment on each." Rotman not only knows his subject but also speaks plainly

to the point.

The two doctors and the lawyer were joined by magazine editor, Gene Balliett, who served as moderator and later edited down the transcript to a manageable length. His edited version of the discussion follows:

Q. If you died tonight, would you have a trustee to manage your assets and investments and to pay money to your beneficiaries?

WALTHALL: Yes. I've been raised with the idea that as a young doctor about the only thing you can do to start an estate is buy as much insurance as you can and at least insure your insurability. At my age now, 60, I think the important thing is to be sure everyone knows what to do with it if something happens to you, with the estate you have accumulated.

TAYLOR: If I died today, and if my wife survived me, my funds would not be tied up with a trustee. I think my wife has above-average intelligence. She is a real-estate broker, and she knows a great deal about my meager investments and money in general. In the event of our simultaneous deaths, then my funds would go to a trust for my children and the State of New York National Bank would be the trustee.

Q. It occurs to me that some people form a trust just so their money will be managed when quite possibly the wife might do a better job of it. I'm not at all convinced that everyone who has established trusts has done so wisely. How do you feel about this point?

ROTMAN: In general, I favor trusts, though they're often badly done. A doctor who leaves everything to his wife outright is possibly creating a tax problem.

For instance, suppose a doctor leaves $200,000 directly to his wife. There's a $100,000 marital deduction and a $60,000 exemption, so his wife pays a tax on the remaining $40,000. But her estate pays a large tax at her death because there's no marital deduction. Add a trust and there may be no tax at all at her death.

Once your estate is big enough for you to be concerned with the estate tax, your best bet may be to leave it to your wife in trust, naming her as trustee.

TAYLOR: Don't you have to consider the amount of assets involved and your age? I'm just 36 years old. The marital trust you're proposing was suggested to me a few years ago by a life-insurance salesman. It sounded like a wonderful idea. I went rushing over to my lawyer — and he talked me out of it. He said, "Listen, there's plenty of time to do that when you're 60 or 65 years old, but if you died now, when your wife is only 30, you'd deny her the use of that money for the rest of her life. If you're going to die, let her have it!"

ROTMAN: Well, that's just not the way marital trust works. If you name your wife trustee, she has the right to manage the fund, even to take principal out. There are certain restraints imposed by law, but within reason she is free to do almost as she pleases with the money.

TAYLOR: It's hard to say to your wife, "I'm not going to leave it all to you."

ROTMAN: But you really are leaving it all to her.

TAYLOR: I think the marital deduction trust is an interesting and useful vehicle, but I don't know that it's for everybody.

ROTMAN: The exception, I'd say, is someone who doesn't have enough money to be concerned about estate taxes. He needs just a very simple will. Otherwise, it's the only way to go.

WALTHALL: How much of an estate does a man have to have before a trust is worthwhile?

ROTMAN: Well, counting insurance, which we have to count for estate-tax purposes, there's no tax at all until you accumulate about $130,000. Once your estate goes above that figure, you have to give the marital trust serious consideration.

TAYLOR: I'm incorporated. What about my pension proceeds?

ROTMAN: Unlike proceeds from a Keogh pension, they're estate-tax free, if you've named a beneficiary and have actually signed that designation.

TAYLOR: What's your recommendation on the proceeds of a corporate pension plan?

ROTMAN: They should be payable to the B portion of the marital deduction trust. Offhand, I cannot think of a likely exception.

WALTHALL: How about spelling out what "the B portion" means.

ROTMAN: Lawyers refer to the marital and the non-marital portions of a trust as the A portion and B portion. The Internal Revenue Code says that you get a marital deduction — half the assets after burial expenses and certain other final costs — if you give your wife the property. You can put some strings on it, though property left to her in the A portion can be hers outright, and so she has the right to dispose of it as she wishes in her will. This A portion will be subject to estate taxes in her own estate.

The B portion bears your full restrictions. You can give your wife the right to income for life from it, but at her death the property goes to your children or to any other beneficiary designated by you — and is not taxable in her estate. The lay does restrict use of the principle from the B portion, however; it may be used for her comfort, care, maintenance and support. If you use any other words, you're in trouble.

TAYLOR: On those terms, does she have the right to invade the B portion principle?

ROTMAN: Yes, provided she uses up Part A first. That really gives her the right to all the money. She'll use up the A portion first anyway, because that's the part to be taxed in her estate unless spent. When she gets into the B portion, only the part she has used up is taxable in her estate and that's probably spent anyway.

Now, the B portion may be much the larger, because now we're

pouring the corporate pension and profit-sharing money into it.

Q. In effect, the A portion would figure to be the first $60,000 or so of your estate?

ROTMAN: Right — but excluding any property not subject to estate taxes in your estate. The obvious examples are corporate retirement-plan funds and life insurance wholly owned by your wife.

WALTHALL: And you must name beneficiaries other than your wife for the B portion.

ROTMAN: Well, technically, yes. Generally what you do, though, is say that, if she fails to name beneficiaries for the A portion, it merges into the B portion on her death, and then the whole goes to your children.

TAYLOR: Or grandchildren?

ROTMAN: Sure

TAYLOR: Let's get this straight. In effect, the A portion is given outright.

ROTMAN: It can be. The A portion is not taxable in your estate because it's the portion that qualifies for a marital deduction. The B portion goes in trust for your children, and it is taxable to your estate — but it won't be taxed with your wife's estate, unless, as we've discussed, she's been forced to invade its principle. She does enjoy use of the earnings. If you wish, you can add to the B portion some provision for your parents or an aunt or uncle, or whoever.

TAYLOR: Can't the B part of the trust be the whole trust?

ROTMAN: Yes. There may be property which passes to the wife by means that eliminate the A portion. For example, if you have a lot of property in joint tenancy, it goes to her outright and is taxable in your estate for Federal and state tax purposes. So the Equivalent of her A portion comes out of joint tenancy. Or out of insurance proceeds payable to her directly.

Q. For estate-tax purposes, does it matter who pays the premiums on my life insurance after one has given it to his wife?

ROTMAN: Not anymore. There's no reason why I have to own the insurance on my life. My wife owns it. I pay the premiums. Used to be, whoever paid the premium owned the insurance.

WALTHALL: That no longer applies?

ROTMAN: That no longer applies. So you can now pay your own premiums but let your wife own the policy. If you retain no rights whatsoever, the proceeds won't be taxable in your estate.

To cover the possibility of her dying first, have your lawyer give her a separate trust of her own. It says that if she dies the eventual proceeds of the insurance on your life goes to her trust for the benefit of the children.

TAYLOR: Isn't that done through her will?

ROTMAN: No. It's done through a separate trust — an insurance trust, a living trust, an inter vivos trust set up during her lifetime.

Now, that trust and yours should be identical in terms so that, at both of your deaths, they merge into one trust. It doesn't make any sense to have two trusts for the benefit of the same people.

TAYLOR: You know, you're talking about really large estates now, aren't you?

ROTMAN: Not really. The larger the estate, the less you need estate planning. If you have $1,000,000 or $5,000,000 and you pay an extra $100,000 in taxes — who cares? Your family is provided for.

What I'm really concerned with is the man with $150,000 who pays an extra $10,000 or $20,000 in taxes. He's the man who's really hurt, because his family needs the money.

When you're talking about preparing two wills and two trusts, you're talking about attorney's fees at the maximum of, say, $500.

To my mind, it has to be worth $500 to save that $10,000, because the $10,000 will really be needed.

TAYLOR: Can't a paragraph in her will achieve the same end as setting up a trust at this time? Isn't it less expensive?

ROTMAN: There's no cost involved doing it the way I suggested other than the drafting of the instrument. Whether the attorney drafts a will and a trust as two separate documents or a will with a trust in it as one document makes no significant difference.

Q. What are your recommendations for dividing money in trust among children?

ROTMAN: All too often, doctors needlessly create problems here. A doctor may have, say, three children, of ages 15, 10, and 5, and his trust may provide that on his death and his wife's death the property is split so that each child gets the same amount of money, as each reaches age 21, or whatever. That arrangement may seem very fair and equal, but it actually isn't fair at all. The 5-year-old is 10 years behind his brother, and the older brother had been supported for 10 years longer. So there's $50,000 in each child's trust, totaling $150,000. By the time the 5-year-old reaches 21, his trust will probably be exhausted; he won't have anything, and he'll start his adult life with a lot less than his 15-year-old brother who has already been supported by his parents for 10 extra years.

The distinction becomes greater when one child is already in his 20's. He's already been put through a professional school. The younger child who is, say, 17 has the most expensive years in his life immediately in front of him. So his "equal" share is going to be exhausted by the time he reaches the age when his older brother collected a lump sum.

What I generally recommend is that the property be held in one pot — one trust — with the trustee having the right to "sprinkle" the money where it's needed. When the youngest child reaches a certain age, then divide the money into fair portions.

Q. All the property in trust for a child is often to be distributed to him at age 21. Is that wise?

ROTMAN: I think not. If at age 21 someone had given me a large

amount of money, I don't know if I'd have been capable of handling it.

Today, I have a 7-year-old boy. I have no idea if he'll be capable of handling money when he's 21; there's no way to tell.

Q. How do you feel about leaving large sums of money to grandchildren?

ROTMAN: I'm much against it, unless you are talking about very, very wealthy people whose children have more money than they can ever use. I don't ever want a child to be able to come to his parents and say, "I don't have to listen to you, because I have grandpa's money." You've raised your children; let your children raise their children.

WALTHALL: I wouldn't want to leave it to the grandchildren without giving the parents complete supervision.

TAYLOR: What do you recommend concerning joint tenancy ownership of the family home?

ROTMAN: Generally, I have no complaint. Whether you put the home in trust or joint tenancy, you avoid probating it. Avoiding probate does not save any taxes, but it avoids some administrative expenses. The family home is going to the wife anyway, so it really doesn't matter how it's done.

TAYLOR: Assuming the wife has an income and assuming she would pay every other mortgage payment, can you save any money through joint tenancy?

ROTMAN: You may well save Federal taxes in that situation. At your death, property in joint tenancy is assumed to be yours unless you can show otherwise. That's a very difficult task. It's not difficult if the wife dies first, but it becomes difficult when the husband is the first to go. You would save taxes if you could prove that she made mortgage payments, if you can show her source of income.

Trouble is, in almost every state the law presumes that a woman's income belongs to her husband. So an I.R.S. man is going to argue that she worked, gave that money to you and you made the mortgage payment. The laws say you were entitled to that money, that it's really your money, not hers.

TAYLOR: In a will, would you name a relative as executor, or a banker, or who?

ROTMAN: The first thing I ask a man is, "If you turn $200,000 over to your wife, could she handle it?" Now, you expressed the thought at the beginning of this discussion that you thought your wife could handle that amount of money.

TAYLOR: I'm presuming that we are both dead — simultaneous deaths in an accident.

ROTMAN: I'd assume that unless you have someone that you have a great deal of faith in, someone with a great deal of experience handling money, that you'd be much better off with a bank.

One of the main duties of the bank as trustee is to put whoever is watching your children on a budget — to say, "You have this amount of money, and if you spent it at this rate, by a certain period of time you're going to run out of money; you just don't have enough money to get the kids through school at the rate you're spending it, so this is all I'm going to give you."

I definitely believe in banks, though I have some prejudices. I generally don't like dealing with small banks. I was once involved with such a bank when the man who ran the trust department died. There was nobody running the trust department for almost two months. It was a one-man trust department.

Q. Can one tell which of the banks are good in managing money?

ROTMAN: You really can't. You just have to assume the larger banks are capable, even though that's putting a lot into blind faith. Portfolio managers for mutual funds must make full disclosures of their investment performance, but bank portfolio managers do not. With no public track record to check, you're left with choosing on the basis of general reputation and size.

Q. What's the way out?

ROTMAN: Many times I suggest naming the wife as the co-trustee with the bank. If the wife doesn't have the ability to manage money, at least get her some ability by making her work with the bank. Get her down to the bank so the bank has to consult her before doing anything. I'm very much in favor of naming a wife as a co-trustee, if only so she'll know what's going on.

Q. What about naming her co-trustee with an investment advisory company?

ROTMAN: That can be done in some states, but in most states an investment company cannot serve in a fiduciary capacity.

WALTHALL: I think we're now touching on a really big, yet largely hidden part of the estate-planning problem. While Bob and I have unusual wives — mine, too, is knowledgeable and can handle money — many doctors' wives simply aren't trained to do it. How do you convince doctors that they'd better educate their wives? I'm not sure the wives are to blame.

TAYLOR: We go to clinical meetings all the time. At these meetings, there should be concurrent financial-planning sessions for wives.

WALTHALL: I think it's useful for a doctor's wife to know enough about her husband's practice to be able to close things down properly after her husband has gone. I've lost some friends in my age group whose wives have known almost nothing. I advised them to keep the secretary for one to three months to collect the bills.

ROTMAN: Selling the practice quickly is another point to consider. After a doctor's death, his practice tends to go very, very cheaply. If you wait too long, it's gone. It dissipates by the hour.

TAYLOR: In the event of my death, I'd be happy if my estate could sell my office building for

fair market value. A medical office can be a white elephant: It has specialized equipment in it, a lot is built in. You have to find another physician to go into it, or maybe a dentist, or possibly a veterinarian. For the most part, though, it's going to be hard to find somebody to buy the property. Doctors who look on their practices, their offices and their equipment as big assets are for the most part kidding themselves while ensuring that they'll leave behind widows with far less financial security than they'd dare dream.

Q. If your children were orphaned today, who would take care of your kids?

TAYLOR: This is something that has to be refigured every couple of years. My wife has a young mother, so she'd make a fine guardian for our kids. Ten years from now, the choice may not be appropriate.

I don't think at any time you should ask a family friend. I can think of a number of times in the past when we might have been tempted to name friends of the family as guardians. As I look back on the idea now, years later, that would have been the silliest thing we could have done. The guardian has to be someone in the family.

WALTHALL: When you are young, your best advice is to name the grandparents.

Q. I think this is one of the toughest questions in estate planning. Mike, do you find your clients tend to avoid the question?

ROTMAN: Yes. Many times, they walk into my office, sit down and later walk out angry with each other — because it's the first time they'd discussed it. They say things like, "I wouldn't let your brother have my children for all the money in the world," and, "You think your sister is going to get her hands on my kids? Fooey!"

WALTHALL: I said to my attorney, "It's going to be you." He nearly caved right in!

ROTMAN: It's really a difficult task. In many instances, we will name the grandparents. They may be fine when you have, say, a 14 year-old daughter. Six years later, your 14 year-old daughter is 20, and she may be best suited to take care of your other children. So, even though your children are not of age, you may just need someone just until they're of age, and from then on your oldest children may be the best people to act as guardians for the younger children. People tend to overlook the possibility.

WALTHALL: My mother in-law put it pretty well when she said, "How silly I'll look at age 70 going to P.T.A. meetings."

TAYLOR: Getting back to the larger question of estate planning, and I mean the tax planning aspects: Is it really worth the time to talk to a lot of experts, and maybe he can get really good advice. Then the second lawyer he speaks with doesn't agree with the first. Sometimes, really, isn't it just as well to pay the taxes without having tied a lot of strings to the money that's left? Perhaps our heirs would appreciate an unencumbered inheritance more than a few tax dollars saved.

ROTMAN: My own feeling is, if the money is there, that it's an absolute shame to waste it by giving it to the Government needlessly. There's nothing in the law's intent to suggest that anyone is supposed to pay more than his fair share. The law allows trust and other tax-saving devices and considers them totally fair. Within the limits of the law, you're supposed to use them. As for red tape, good estate planning does not put a whole lot of strings on family money. If your wife is capable of managing money, make her the trustee! Give her all the power and still accomplish the tax savings and everything else you want to do by wise planning. Most of the things that good tax men advocate are tried and true. They are very simple devices that work. We've discussed some of the most important of them here today.

Q. That sounds like a good summing up, so let's close our discussion on that point.

But never mind your score. You're bound to pick up some useful information just by reading through. If you wish, do read with pen or pencil in hand, but be warned: Any question may have one or more correct answers — and an answer that's right for another man may be wrong for you, as you'll see. If there are dangerous gaps in your own estate plan, this article may well expose them. □

1 How much of an estate is exempt from the Federal estate tax?

A. $60,000
B. $120,000
C. Half the estate
D. Depends on circumstances

Letter A is correct — up to a point. The individual personal exemption is indeed $60,000, after certain final expenses are first deducted. They normally include doctor's bills, funeral costs, legal fees and other administrative expenses, unpaid bills, unpaid income or property taxes and the balance due on a mortgage.

B is incorrect; the exemption is $60,000 per dependent.

After final expenses and that $60,000 *exemption*, half the remaining value of the estate can pass tax free as the surviving spouse's marital *deduction*. So C isn't quite a right answer, either, considering the phrasing of the question.

D, then, is better; circumstances like marital status and size of the taxable estate count a lot.

Count yourself correct if you checked only A or D. Take a seat at the head of the class if you checked both and none other.

2 How much can be given away with little or no gift tax?

A. $3,000 yearly
B. $30,000 lifetime

C. $100,000
D. $1,000,000

You're purely correct with Letter A, since you can give $3,000 yearly to each of one or more individuals without any gift-tax implication at all. So, too, can your spouse, bringing your joint giving to a $6,000 level. Rather than give $24,000 to a son, a doctor and spouse might wisely consider giving $6,000 each to the son, his wife and each of their two children.

That way, the doctor and wife wouldn't draw against their lifetime gift-tax exemptions. The lifetime exemption — $30,000 each, totalling $60,000 for a married couple — is wholly separate from the yearly $3,000. The $3,000 can go yearly to any number of individuals, while the $30,000 cannot; it's the lifetime tax-free limit on over-$3,000 gifting, without regard for the number of persons benefiting.

C is also correct, believe it or not. With the combination of the one-time exemption and the annual deductions, a couple could easily give over $100,000 without incurring a penny of gift taxes. And even if they give away $1,000,000, gift taxes are always lower than estate taxes. D, too, is a correct answer in a sense; Federal gift taxes are 75 per cent of the estate tax rate.

At the state level, only Nevada levies no tax on dying; all others have estate, inheritance, succession and/or transfer taxes. Gift taxes, however, are levied only by a dozen states (California, Colorado, Louisiana, Minnesota, North Carolina, Oklahoma, Oregon, Rhode Island, Tennessee, Virginia, Washington, and Wisconsin).

A gift isn't necessarily a gift for tax purposes if made within three years of the donor's death. That's the rule followed with only occasional exception by the Internal Revenue Service, and the courts tend to support it.

A perfect answer to Question 2 is A, B, C, and D. But pat yourself on the head even if you checked only A and B.

3 What's a good way to fit life insurance into your estate plan?

A. Let your spouse own your life insurance — except for the right to name a new beneficiary

B. If you're incorporated, be sure to buy life insurance through your retirement plan

C. Rely on life insurance to pay your estate taxes

D. Keep your insurance policies, in your lawyer's safe

Letter A is only half right. It is a good idea for your wife to own your policies — with no strings attached. *None*. If she owns all rights, then proceeds can bypass your estate. If you retain *any* right, count on the I.R.S. to include the proceeds in your taxable estate.

Your friendly neighborhood life insurance salesman would like you to believe B is a correct answer. He'll happily and correctly point out that the annual premium would be paid with tax-deductible business dollars rather than with the customary after-tax personal funds — and that, on death, the proceeds would go tax free to your named beneficiary. But here are the rest of the facts:

Any retirement-plan funds diverted to life-insurance premiums have no chance to compound over the years — and thus may represent an enormous loss.

For example, a 40-year-old physician can buy $100,000 of ordinary life insurance through his pension plan for an annual premium of $2,620. The premium outlay over the next 25 years, till age 65, would total $65,500, but that sum represents only a fraction of the true cost. If the same yearly $2,620 annually were allowed to compound at 6 per cent in a savings bank account, the doctor would have $143,745 in the bank at age 65. That's a lot to lose.

To the incorporated physician, group term life insurance is often the better alternative to the pension-fund insurance coverage. Group term is also bought with tax-deductible business dollars. Its proceeds can also bypass your estate, if you assign all incidents of ownership — something you can do in most states, not all. In small practices — i.e., most medical practices — group term coverage means a "group" as small as one person, and the lowest-priced guaranteed renewable term policy is the coverage of choice. The annual premium at age 45, for instance, may be as little as $353 for $100,000 of protection, with renewal guaranteed up to age 100.

A third alternative, so-called key man insurance has bad estate-tax implications. The proceeds usually go first to the corporation (as beneficiary) and then to the widow in payment for the husband's share of the practice — and are included in his taxable estate.

Assigned group term life is often a better alternative — just as B is usually the wrong answer to Question 3.

Like B, C is also a favored answer by many life insurance sellers but is not necessarily the best answer for you. The right answer depends on the price you must pay for the coverage, and also what other assets you have to pay estate taxes with.

D is easier: It's wrong. There's nothing bad about keeping your insurance policies at home. They're of no value to a burglar, so they're not likely to be stolen. The big thing is to keep at least one policy where your wife can find it. With the policy in front of her and a phone call to the insurance man, she can have insurance cash in hand in a matter of hours or, more likely, days — and she may need it. In many states, checks bearing a deceased person's signature are not honored by banks — and his safety deposit box may be sealed till a judge says it may be opened. A savings account all her own is not a bad idea, by the way.

If you feel you *must* put your policies elsewhere for safekeeping, the lawyer's safe is a good idea. A better idea is to let your wife keep

the policies in a safety deposit box rented in her own name, not yours.

4 What are some of the key tools involved in estate planning and why?

A. Your will, because without one an estate may be divided in equal parts among the widow and each child.

B. Your wife's will, because she could go first.

C. The trust fund, because it provides continuing income.

D. A letter of instruction, separate from the will — so that information can be given without delay

There's evidence that many people have wills drawn without much knowledge of the reasons why. The reason given above in Letter A is as good as any in most states. Without a will, a widow may need to petition the court for control of funds to be received by her children — even if they're mere infants.

Also, a will is a good idea because it can name an executor. He or she has the will admitted to probate, collects assets, pays debts and distributes the remaining estate to heirs. If you've appointed none, the court will appoint an administrator. He won't necessarily be as good a choice as yours might have been.

When an estate is small and uncomplicated, the widow is a reasonable choice that saves the executor's fee: when the estate is otherwise, a lawyer or bank is often much better.

Also, the will is the place to name your children's guardian in the event of the simultaneous death of you and your wife. Naturally, that's a matter to be discussed by all the parties before the will is drawn.

B is the right answer, particularly if she has a sizable estate of her own. If not, the better reason for your wife to have her own will is to head off needless taxes. If she survived you in a common accident, even if only by minutes, the estate tax could be applied twice and, if you have no surviving children, the remaining assets could go to *her* relatives, not yours.

C is a probable wrong answer. The trust fund seems also to be a widely misunderstood matter, which suggests that trusts may sometimes be unnecessary or even unwise.

One highly questionable reason is to provide continuing income through bank portfolio management. The best evidence available indicates bank investment management, with occasional exception, ranges from fair to bad or worse.

One highly questionable way out is to name two or more co-trustees, including the banker (for purposes of recordkeeping and safekeeping), the person or firm presently advising you in investment matters and, perhaps, your wife. Be sure your will gives her the authority to replace any other co-trustee, thus giving her a measure of protection in the face of abominable advice.

One clearly good reason to put assets in a trustee's hands is to make sure they go to your own children or other beneficiaries of your own choosing. In such an arrangement, income produced by your assets can go to your widow during her lifetime — but the assets won't go to her second husband or to her children by another marriage unless you make such provision.

This route, however, carries a penalty: You must give up the marital *deduction* discussed under Question 1 above. It is contingent on her right to leave half the property to anyone she chooses.

Another good reason to set up a trust is to protect the assets from extravagance, softheadedness or incompetency. Thus a trust may be the right place for a child's assets to rest till some appropriate point of maturity — but not at all a necessary or desirable depository of funds meant for a responsible adult. You'd be foolish to commit an expenditure of trustee's funds unnecessarily.

Trust fees vary from place to place, but they may run to $5 per thousand yearly on the first $50,000 of principal and $2.50 per thousand on the next $450,000 plus a one time charge equal to 1 percent of the principal. All of that can bring the first-year fee to $6,375 on a $500,000 trust.

Some probate expenses can be avoided, by the way, by setting up a life-insurance trust separately from any trust containing probate assets. The two trusts may also save your life insurance proceeds from creditor's claims, depending on your state's laws. Discuss this point with your lawyer.

D, like A, is unquestionably correct. Rely on a letter, not your will, to pass along such information as your lawyer's advice on getting probate started; any preferences of yours as to funeral and burial site; where to find insurance policies; and what to do about the office, including collection of accounts receivable, referral of patients, transfer of their records, severance pay for aides, legal disposal of any narcotics on hand and the sale of equipment, real estate and perhaps the practice itself.

Before sitting down to write your letter, first write for a helpful, 40-page collection of good tips, "What Does She Do Now?" It's only 40 cents, from Life Insurance Agency Management Association, 170 Sigourney St., Hartford, Conn. 06105. It includes a guide to estate settlement — and may be a useful enclosure with your letter.

The letter should be kept at home, with other valuable papers stored there. If you wish, you may keep a photocopy in your wife's safety deposit box.

5 Aside from any trust-fund income, what other cash will be available to your spouse?

A. Social Security — up to $11,784 yearly for a widow with two young children

B. Keogh and/or professional corporation pension benefits

C. Assets passing by joint own-

ership and beneficiary designation

D. Wife's salary

Up to $11,000 or more from social security? That's right! That's one result of last year's liberalization of the law. The $11,000 is, though, the new maximum amount per family in the year 1980. The maximum available to a widow with two or more children is now $7,764. A full schedule of maximum benefits, present and future, is available now at your local Social Security Administration office. Someone there can also help you estimate the future benefits available to your family; because of late entry into the social security system, many physicians do not qualify for the maximum benefits.

Veterans benefits are not large. On application, the Veterans Administration will grant up to $250 for burial expenses and supply a headstone free. If death occurs in a V.A. hospital, the Government provides a gravesite and pays all costs. Any V.A. office provides detailed information.

Since you are covered by social security, Letter A stands as a correct answer. But B depends on you. Curiously, there still are many physicians who are not covered by a self-employed (Keogh) or a professional corporation retirement plan.

If you're among them, and if you have money to invest, then you need to know that at least some of it can be invested through Keogh or a professional corporation plan more advantageously than in any other way.

One reason is that the sum invested is not from after-tax personal funds; instead, it's tax deductible. Thus, in the 50 percent tax bracket, instead of paying $1,000 in Federal income taxes in order to have $1,000 left over for investing, you'll invest the full $2,000.

A second big break is that all earnings from the invested money is fully reinvested, totally free of current taxes — and that means quicker compounding.

Your Keogh or professional corporation retirement funds — possibly the biggest financial assets you'll leave behind — can go to your wife directly, as your named beneficiary. Keogh funds *are* subject to estate taxation; professional corporation funds are not, provided a beneficiary has specifically been named.

The payout can be a lump sum or in monthly, quarterly or annual installments. You may specify how, and probably already have if you do have a retirement plan. If not, you'd better consider whether you need to say now how the money is to be doled out or whether you'd rather say that the decision is to go to your widow.

C probably is a correct answer, since you probably do jointly own some assets with your wife. That's often not a bad idea for your home and a bank account, but joint ownership could backfire elsewhere.

One problem is that jointly held property can be seized to satisfy a legal claim against either owner of the estate. Another is that I.R.S. presumes that everything in joint ownership was actually owned by the deceased, unless the spouse can prove otherwise.

A third problem: In addition to the estate's liability for a tax on the full amount, the property might well be taxed again fully on the death of the survivor. Also, the capital gains tax may be higher on any profit the co-owner derives from selling jointly held depreciable property like an office building.

All that's not to say there are no benefits from joint ownership. Family togetherness is presumably enhanced. Joint ownership avoids some administrative costs, since the property bypasses probate and in many states, jointly held property, especially a couple's residence, is free from creditors' claims when one spouse dies.

The matter is technical and a bit difficult to discuss in generalities, since the laws of joint ownership vary from state to state and because there are several kinds of joint ownership, including community (found in Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas and Washington). Here we've been discussing the most common kinds, called joint ownership with right of survivorship, and it is possible to make two more general statements about it: The larger the estate, the greater the need to look warily at joint ownership; it's a subject that needs to be discussed with your lawyer.

D, too, is almost certainly a correct answer for you — and possibly ought to be more correct than it is. The current statistics tell us that American women figure to be widows for an average of about 10 years.

Every woman, then — *your* wife, too, — needs training in widowhood. It's a good idea for a woman to take part in investment decisions, to know and work with your financial advisers, to develop a career interest of her own.

Loneliness and uselessness, rather than money problems, loom as the greatest difficulties awaiting many doctors' wives and widows. It's just not enough to plan the financial part well; the human factor may need much greater attention. Both needs can be served through a wife's developing career and skills and interests of her own. D is very definitely a correct answer.

We do hope, for your family's sake, that you checked lots of correct answers in this little quiz. But if you're typical, like the six doctors who tried the quiz in advance of publication, you probably did rather dismally. Only one of the testers got more than half the correct answers.

Far more important than the scoring, though, is, first, the fact that you do have the correct answers in your head at this moment, and second, you're following through by calling your lawyer now and making the arrangements to bring your estate plan up to date.

Now. □

Family Practice Fund Honors Dr. Hames

A smalltown doctor who has achieved international recognition for his research in heart and blood vessel disease, while still looking after his patients' care, will be honored by the establishment of a special fund in the Medical College of Georgia's endowment.

Piggly Wiggly Southern, Inc., of Vidalia, Ga., has granted $25,000 to the Medical College of Georgia Foundation Inc., to endow what will be called the Curtis G. Hames Family Practice Fund. Medical College Pres. William H. Moretz said the gift is expected to become the nucleus of a $250,000 endowment fund "to establish what will be called the 'Curtis G. Hames Lectureship and Professorship in Family Practice.' "

Dr. Hames, a 1944 graduate of the Medical College, practices in Claxton. In addition to seeing patients daily in his private general practice, he has conducted extensive scientific studies related to coronary heart disease. Research reported by Dr. Hames from Evans County, Ga., includes the finding that blacks seem to be less affected by coronary heart disease, than do whites in the same population.

He is also widely published in the scientific literature in areas ranging from high blood pressure and heart disease to nutrition. He is a consultant to the National Institutes of Health, and has been called upon numerous times to advise the World Health Organization (WHO). Dr. Hames is also an associate clinical professor on the MCG faculty, and has lectured widely at Southeastern medical schools.

The Claxton physician-researcher came to Augusta last week to sign the gift documents with Gerry Achenbach, president of Piggly Wiggly Southern, Inc.

Dr. Hames said he hopes income from the fund can be used initially to "invite outstanding persons interested in and involved in the humanities to come to Augusta and deliver lectures to students in the School of Medicine.

"I am particularly interested in what I call the 'art of medicine,' Dr. Hames said. "Oftentimes we find ourselves spending a lot of our time admiring our science and talking about what science can do, while the spirituality of man gets very little attention.

"I would like to see medical students come to understand both, and to use both the art and the science of medicine to its best advantage, wisely, for the good of the patient."

Dr. Hames, who has spent his entire professional career in rural practice, adds that he would like to see more young physicians attracted to smaller towns, but "it takes a special breed to do what I'm doing in Claxton, so I wouldn't recommend it to everybody.

"Solo practice can be a very satisfying way of life, but group practice is really less demanding, and probably a better answer. In my own case, I asked myself early in my career if I could have a world ministry and still stay in a small town. I found that I could. I'm not sure every young doctor could — or would want to."

In addition to bringing in distinguished lecturers, Dr. Hames said he hopes the fund will help provide support "to advance the training of physicians who are mainly interested in primary care . . . and for the support of research."

"In a way, he added, this (endowment) is a step toward realizing what has always been a dream of mine: to help see that every student of medicine is at least exposed to the great ideas and philosophies that have accumulated in what we call the humanities.

"I'm grateful to Mr. Achenbach and Piggly Wiggly for this recognition. I'm happy it can start at the Medical College, my alma mater."□

Trustees Elect Officers

Dr. Turner

Mr. Phillips

Trustees of the Medical College of Georgia Foundation, Inc. elected new officers April 19 in Atlanta and learned that the Sesquicentennial Endowment Fund effort is nearing the $750,000 mark. The meeting was held in the Fairmont Hotel in conjunction with the MAG meeting.

Dr. J. Render Turner, LaGrange physician, was elected president of the Foundation. Others elected to serve with Dr. Turner were first vice-president, Dr. Robert D. Waller, Albany; second vice-president, Dr. Floyd C. Jarrell, Jr., Columbus; secretary-treasurer, Dr. Robert G. Ellison, Augusta and executive committee members are Dr. Turner, Dr. Waller, Dr. Ellison, Dr. William H. Moretz, Augusta, Mr. Gerry H. Achenbach, Vidalia and Dr. Milford B. Hatcher, Macon.

Mr. John Temple Phillips, Jr., Albany industrialist, was elected to the Board of Trustees for a five year term succeeding Dr. Irving Victor who rotated off. Dr. Victor has served two five year terms and was not eligible for reelection. Dr. J. Miller Byne of Waynesboro and Dr. Milford Hatcher were reelected to the board.

Mr. James C. Austin, executive director of the Foundation, announced a $25,000 pledge from Mr. Achenbach for the Curtis G. Hames Chair of Family Practice and more recent gifts and pledges of $63,000 making the campaign total $734,747.

Dr. Ellison presented two financial policy statements, explaining the establishment of expendable gifts and designated endowment funds.

The executive director was requested to prepare a report on the institution's policy regarding student loan repayment. □

Early MCG Graduate Is Memorialized

One of MCG's earliest graduates was remembered April 27 at Presbyterian College when a special room of the James H. Thomason Library was named in his memory.

Dr. James Henry Dillard, an 1835 graduate of the Medical College, and Charles Bell Elliott, a noted South Carolina attorney, were memorialized in The Dillard-Elliott Room which contains books, furniture, oil portraits, and other historical items donated by the families involved.

Dr. Dillard (1807-1859), the son of Captain James Dillard of Kings Mountain and Cowpens fame in the American Revolutionary War, was one of the first trained medical doctors in the "up country" of South Carolina.

Mrs. Irene Dillard Elliott, a granddaughter of Dr. Dillard, made the presentation of the Room. Mrs. Elliott is the widow of Charles Bell Elliott. Mr. Elliott was nationally known for his legal work in Property and Constitutional Laws and for years taught law at the University of South Carolina.

Alumni Giving

ALUMNI GIVING BY CLASSES

1911	100.00
1917	200.00
1919	100.00
1921	250.00
1923	1000.00
1924	2100.00
1925	100.00
1926	100.00
1927	1515.00
1928	1175.00
1929	210.00
1930	5.00
1931	15.00
1932	790.00
1933	300.00
1934	1815.00
1935	5550.00
1936	420.00
1937	175.00
1938	4027.00
1939	370.00
1940	1225.00
1941	6140.00
1942	3305.00
1943	43,025.00
1944	38,160.00
1945	12,780.00
1946	12,696.00
1947	2635.00
1948	7330.00
1949	8188.00
1950	8715.00
1951	7640.00
1952	6370.00
1953	6825.00
1954	4080.00
1955	6840.00
1956	4220.00
1957	7935.00
1958	12,690.00
1959	14,333.00
1960	6800.24
1961	3870.00
1962	1845.00
1963	5610.00
1964	17,132.00
1965	4133.00
1966	8174.00
1967	10,1072.00
1968	1800.00
1969	1165.00
1970	762.00
1971	1576.00
1972	333.00
1973	769.00
1974	625.00
Other	$ 13,938.00
TOTAL	$315,053.00

ALBANY—$14,510

E. S. Armstrong
J. L. Berg
W. H. Bridges
Jacob Holley
Charles C. Lamb
J. B. Martin
R. A. Matthew
William E. Mayher
J. L. McDaniel
W. F. McKemie
T. W. Rentz
John H. Robinson
James Tallman
D. A. Turner
R. D. Waller

ATHENS—$6,885

R. E. Bannister
J. Harvey Beall
I. R. Berger
D. L. Branyon
Walter J. Brown
Z. L. Burrell
Larry A. Cohen
A. H. Gallis
George D. Maxwell
D. L. Nix
H. S. Patterson
Robert A. Payne
C. E. Pollock
J. E. Pollock, Jr.
Sials C. Read
B. P. Tillman

ATLANTA—$17,240

Philip Bartholomew
Nyda Brown
Jay Coffsky
W. W. Coppedge
M. L. Davis
Armand A. DeLaPerriere
W. T. Edenfield
Stephen Edmondson
Ned M. Franco
Joyce A. Gann
Donald M. Gilner
Martha L. Goddard
W. S. Hagler
C. W. Hailey
Harold Harrison
George A. Holloway
Harold J. Lefkoff
Miles H. Mason
J. G. McDaniel
Lamar S. McGinnis
W. P. Nicholson
A. W. North
L. B. Peacock
H. S. Ramos
W. T. Sale
George P. Sessions
William E. Silver
Joseph A. Snitzer
Julian W. Swann

AUGUSTA—$80,345.00

Lane H. Allen
H. M. Althisar
Ann Anderson
Genevieve Armour
H. W. Bailey
Joseph P. Bailey
W. R. Bedingfield
Beverly Belk
J. W. Bennett
C. E. Bohler
Talmadge A. Bowden
Deedee Brown
C. I. Bryans
G. W. Burroughs
J. Miller Byne
Curtis H. Carter
Dan K. Chalker
A. B. Chandler
W. H. Chew
Sara L. Clark
Thelma T. Clark
B. D. Coleman
Elizabeth Cooke
Mickey M. Crouch
Ronald Daitch
Ernest F. Daniel
John D. Deal
J. Fred Denton
D. Dunagan
George L. Echols
J. M. Echols
P. D. Ellington
Linda A. Ellis
Lois T. Ellison
Robert G. Ellison
Harold S. Engler
Sandra Evans
Donna Fair
A. H. Faulkner
Arlie Fiveash
W. S. Flanagin
James M. Ford
Murray Freedman
Sandra Freedman
H. R. Frost
Bill Frye
Robert F. Galloway
Octavia Garlington
Alton F. Garrison
J. M. Garrison
Mary Glennan
A. J. Green
Charles G. Green
George F. Green
Louis H. Griffin
Gail Grist
Ethel P. Hall
Curtis G. Hames
Robert A. Hand
Barbara Harms
H. S. Harper
Lewis J. Hinely
Cathy Hoblick
Frederick C. House
Matthew T. Howard
T. J. Howard
John L. Hughes
W. D. Jennings
Jimpsey B. Johnson
Marilyn Kangelos
Kenneth D. Jones
G. M. Kelly
H. A. Killam
Z. M. Kilpatrick
Samuel Korach
E. C. Kuglar
I. F. Lamotte
Michael Laslie
F. Lansing Lee
J. H. Levy
Charles W. Linder
T. M. Lott
George R. Maloney
Louie Woodward Marshal
David Mascaro
E. J. McCranie
Martha McCranie
J. K. McDonald
Tracy Middlebrooks
L. R. Mills, IV
John C. Mitchell
W. L. Moore
Patricia C. Moores
M. Elizabeth Morgan

Michael J. Murphy
John R. Palmer
Weems R. Pennington
Winfred H. Pool
C. G. Pryor
Norman B. Pursley
W. E. Quillian, III
Nellie B. Ramage
Geraldine Rinker
J. E. Rountree
W. C. Sanders
L. Scharff
Robinson Schilling
A. P. Searcy
Mercer B. Sell
E. A. Singletary
J. M. Still
S. Allan Stocks
James R. Story
Daniel B. Sullivan
J. B. Tanenbaum
T. G. Thevaos
Corbett Thigpen
J. W. Thurmond
F. A. Trest
Theodora Vanderzalm
Robert A. Vargo
Aaron C. Ward
D. F. Ward
M. H. Whittle
David C. Williams
Ruth Winningham
Roy Witherington
Betty Wray
Charles Wray
Ruth Wrightstone

BRUNSWICK—$500

Arthur R. Hagen
W. E. Harden
D. H. Manning
D. R. Roberts, Jr.

COLUMBUS—$53,440

John H. Deaton
N. I. Goldman
H. Calvin Jackson
Floyd C. Jarrell, Jr.
Bob R. Maughon
G. A. McCrary
John S. Newton
Julian J. Sizemore
Luther Smith
Robert E. Talley
J. Render Turner
R. M. Waller
Hoke Wammock
D. R. Watson
L. M. Yoe

DALTON—$5,075

W. L. McDaniel
David A. Wells
L. C. Yeargin

DECATUR—$9,925

Stanley P. Aldridge
Betty A. Brooks
Philip E. Christopher
L. L. Cotts
B. H. Dunn
Howard B. Lee
R. A. Tillman

DOUGLAS—$50

O. H. Lott

GAINESVILLE—$39,225

J. K. Burns, III
B. S. Hardman
L. G. Hicks, Jr.
Joseph Johnston
C. L. Miller
H. M. Newman, III

JACKSONVILLE—$325

A. Judson Graves
O. E. Harrell
E. E. Sapp

MARIETTA—$4,575

Bruce Burleigh
Albert O. Colquitt
H. S. Colquitt
W. C. Parrish
Jack E. Tanner
W. Talbert Williams

NEW YORK—$3,575

Vidor Bernstein
Aaron Dolinsky
B. G. Freen
Isacc Goodrich
Richard S. Levy
Peter Ng
David Steinberg
Earl L. Warren

MACON—$21,760.24

J. L. Anderson
John A. Bell
Vincent F. Bergquist
B. S. Bivins
R. M. Browne
Joseph T. Christmas
Fred J. Coleman
B. E. Collins
Feltz Davis
L. E. Dickey
R. C. Eberhardt
J. G. Etheridge
Ellis W. Evans
R. G. Ferrell
H. A. Foster
R. A. Freeman
Samuel M. Goodrich
J. T. Hagen
C. B. Harden
Milford B. Hatcher
Frank P. Holder
F. M. Houser
G. W. Jackson
John Paul Jones
Ferdinand V. Kay
C. G. Magnan
R. W. McAllister
Ray H. McCard
R. S. McMicheal
Jule C. Neal
R. W. Oliver
John A. Page
S. E. Patton
B. L. Pilcher
Thomas W. Price
L. L. Rawls
Charles L. Ridley
Beverly B. Sanders
William Shirley
James M. Skinner
R. L. Smith
W. T. Smith
Raymond Suarez
Evelyn Swilling
C. F. Veal
A.H.S. Weaver
John A. Wells

ROME—$8,602

H. E. Dawson, Sr.
T. E. Flowers
Peter Gilbert
William H. Lucas
T. H. Moss
C. K. Richards
D. W. Schmidt
Stanley Jackson Self
J. H. Smith
H. M. Starr
J. Weaver

SAVANNAH—$17,670

M. C. Arkin
E. P. Bargeron
C. Walker Beeson
Robert H. Carter
Herman Delancy
D. B. Fillinghim
Frank Hoffman
W. Kanter
L. Richard Lanier, Jr.
J. D. Metts, Sr.
Joseph V. Morrison
D. A. Nash
F. T. Nichols
T. A. Peterson
B. L. Pike
Bernard Portman
John B. Rabun
C. W. Rawson
David Robinson
Samuel F. Rosen
S. I. Rosenthal
Harold M. Smith
David M. Tanner
Irving Victor
Jules Victor
C. M. Whiddon
Alton F. Williams

THOMASVILLE—$550

Rudolph Bell
R. E. Folkes
W. F. Lindsey
Dent Purcell
J. L. Story
J. P. Tucker

TIFTON—$400

Kathryn Dyar
W. C. Sams
R. D. Smith, III

VALDOSTA—$13,025

Lewis F. Chisholm
Quentin T. Lawson
Richard L. Nutt
Jerry G. Purvis
R. K. Winston

WAYCROSS—$15.00

Mary K. Hires
Leo Smith

Class Notes

DEATHS

C. S. Brown, LaMesa, California, '02

W. H. Groves, Lincolnton, '24

V. L. Bryant, Wadley, '25

N. O. Benson, Lumberton, N.C., '30

Luis del Toro, Pineville, La., '31

J. E. Smith, Fitzgerald, '36

J. H. Bolgla, Flosmoore, Illinois, '40

C. H. Field, Marietta, '41

Dennis M. Cornett, Chattanooga, Tennessee, '43

C. W. Coolidge, Atlanta, 46

D. F. Caswell, Franklin, '47

Medicine

Albert G. Leroy, '33, has been in general practice since 1950. In 1973, he was elected a charter fellow of the Academy of Family Practice.

William H. Kastl, 36, is presently the active chief of the surgical service and chief of the nuclear medicine service at the VA Hospital in Alexandria, La. Both of Dr. Kastl's sons are medical students, one at Tulane and the other at L.S.U.

Alex R. Kelly, '38, has practiced psychiatry and psychoanalysis in Washington, D.C. since 1955. Dr. Kelly is a clinical associate professor of psychiatry at Georgetown University Medical School and is president-elect for the Washington, D.C. Psychiatric Society.

George C. Young, '38, of Chattanooga, was elected Governor of the Kentucky-Tennessee District of Kiwanis International.

Richard K. Winston, '40, of Valdosta, is the president of the Ga. Society of Ophthalmology for 1974-75.

Robert G. Ellison, '43, of Augusta, was recently installed as president of the Georgia Heart Association.

Fenwick T. Nichols, Jr., '43, and his wife, Dr. Caroline J. Williams, a former resident of medicine at University Hospital have three children.

Joe Sam Robinson, '44, of Macon, has three sons who are all pursuing a medical career. Joe Sam, Jr. is a graduate of the University of Virginia Medical School. The other two are attending MCG where Mixon is a junior and Donald is a freshman in the School of Medicine.

Irving Victor, '45, and his wife, Carolyn, proudly announce the birth of their son, William James Martin Victor born on March 12, 1975.

Emil Blair, '46, is currently in Denver at the University of Colorado Medical Center as professor of surgery and chairman of the department of surgery at General Rose Memorial Hospital. Dr. Blair has made several trips abroad as a visiting professor in England, Scandanavia, Turkey and Israel.

Henry Wilder Smith, '46, announces the association with Dr. James Ray in the practice of medicine and surgery in Swainsboro.

William F. Moore, Jr., '49, of Hawaii is presently the chairman of the department of pediatrics at the Straub Clinic and Hospital. Dr. Moore is also the president of the Honolulu County Medical Society and is an associate clinical professor of pediatrics at the University of Hawaii School of Medicine.

Julian K. Quattlebaum, '51, and his wife, announce the birth of a daughter, Laura Edith.

Virgle W. McEver, '53, is the chief of surgery at the Houston County Hospital in Warner Robins. He is president of the Doctor's Clinic P.A. and a member of the Houston County Board of Commissions.

Sanford A. Shmerling, '53, is a clinical assistant professor in the department of medicine at Emory University. He is also the medical director for the Jewish Home for the Aged in Atlanta.

Lewis R. Smith, '53, is a missionary partner practicing general surgery in Hong Kong and is a council member of the Hong Kong branch of the British Medical Association.

Roy Witherington, '53, is presently professor of surgery and chief of the urology section at MCG.

Lamar McGinnis, '54, is chief of staff at Dekalb General Hospital. He is vice president of the Dekalb County Medical Society and chairman of the Professional Education Committee of the Georgia Division of the American Cancer Society. Dr. McGinnis is also chairman of the continuing education committee for the Medical Association of Ga. He and his wife have four children, 2 sons and 2 daughters.

Richard L. Nutt, '55, is an anesthesiologist in the South Ga. Medical Center in Valdosta. His son **Richard L. Nutt, Jr.,** '69, is practicing anesthesiology at the Baptist Hospital in Jacksonville, Fla. and his second son, **James E. Nutt,** '74, is an intern at Rochester General Hospital, in Rochester, N.Y.

James H. Segars, '55, is the chief of staff at Caldwell Memorial Hospital in Lenoir, N.C.

Luceil Bauer North, '56, is currently serving as the chief of the radiology service at the Houston VA Hospital and is an associate professor of radiology at Baylor College of Medicine. She is married to Dr. Samuel Fadlo Boushy who is in private practice of internal medicine with a subspecialty in pulmonary diseases.

Melvin Spira, '56, is now a professor of plastic surgery at Baylor College of Medicine and Dr. Spira is also the president-elect of the American Society of Maxillofacial Surgeons.

Barbara C. Carlton, '57, is the chief of staff at Hardee Memorial Hospital in Wauchula, Fla. She is board certified in the American Academy of Family Practice.

James O. Hightower, '58, is the hospital commander at the USAF Hospital at Langly AFB, Va.

William J. Morton, '58, has been engaged in general practice in Cairo, Ga. since 1959. He has been very active with the Composite State Board of Medical Examiners. He has been a member since 1968, is a past president of the board and is presently serving as Executive Director. Dr. Morton is also a member of the National FLEX Examination Committee.

C. E. Pollock, '58, and **J. E. Pollock,** '61, of Washington have recently moved into their new clinic. **Ed Wynsong,** '72, joined them in January. They are all proud of

the fact that in the last 10 years Washington, Ga. with a population of 4,500 has had 10 students to enter MCG.

Zachary M. Kilpatrick, '59, associate professor of medicine in the section of gastroenterology, has left his full time position at MCG in order to open an office for the private practice of gastroenterology and gastrointestinal endoscopy.

William L. Moore, '59, joined the faculty of MCG last March and is presently the chief for the section of infectious diseases at MCG. He is also assistant chief for the medical service at the VA Hospital. Dr. Moore is a diplomate of the American Board of Internal Medicine and the subspecialty board of infectious diseases. He is a fellow of the American College of Physicians.

Robert B. Tannehill, '59, of Salisbury, N.C. is the president of the medical staff of Rowan Memorial Hospital and is a member of a five man pediatric group. He is the father of three children, ages 13, 10, and 7.

James B. Boorstin, '60, after 12 years of aerospace medicine and the acquisition of Naval Aviator Wings as a jet carrier pilot, is now a senior resident in psychiatry at the U. S. Naval Regional Medical Center in Oakland, Cal. He is currently an associate fellow in the Aerospace Medical Association and is also membership chairman in the Northern California Chapter of the Assoc. of Military Surgeons of the U.S.

James J. Kirkland, '60, has recently become a diplomate of the American Board of Family Practice. He is in group practice with J. Roy Rowland, '52, James A. Kibler, '59 and Kenneth L. Mullis, '68 in Dublin.

Samuel M. Goodrich, '61, and **Ellen Schneider Goodrich,** Nsg., '67, announce the birth of a daughter, Harriet Schneider Goodrich.

James B. Knowles, '61, is the medical director of the Roger C. Peace Institute of Rehabilitative Medicine in Greenville, S.C.

Homer Scott Patterson, '61, began his private practice of adult and adolescent psychiatry at the Metropolitan Psychiatric Center in Atlanta.

Titus Payne, '61, and his wife have been medical missionaries for the past 7 years in Nigeria. They have four children. Dr. Payne is a fellow of the Royal Society of Tropical Medicine and Hygiene of England.

B. Lamar Pilcher, '61, is practicing radiology in Warner Robins. He and his wife, the former Miriam Clifton, have four children.

T. E. Temples, '61, recently joined the clinical faculty at Eastern Virginia Medical School of Norfolk and is also active in the teaching program at Riverside Hospital in Newport News. Dr. Temples and his wife, Pat, have three children. He practices endocrinology and metabolism. He is certified in internal medicine and endocrine-metabolism.

Harry Logue, '62, has been appointed chief of psychiatry for a one year old ultra-modern three hundred bed comprehensive care hospital and health care center in Birmingham, Ala.

Richard S. Levy, '63, is in charge of the section of infectious diseases at the Albert Einstein Medical Center in Philadelphia, Pa.

W. E. Silver '63, of Atlanta has been accepted as a Fellow of the American College of Surgeons.

Jerry Rothenberg, '64, is a pathologist and director of the Laboratories at Alliance City Hospital in Alliance, Ohio. Dr. Rothenberg is also deputy coroner for Stark County.

A. Wade Strickland, '64, has practiced cardiology in Brunswick since 1971. He was recently board certified in internal medicine and cardiovascular disease. He and his wife, Rosemary have four children.

Leslie L. Wilkes, '65, is in the private practice of orthopedic surgery in Savannah and was recently joined by H. Clark Deriso. Dr. Wilkes has been certified by the American Board of Orthopedic Surgeons.

William M. Williams, '66, is building a new office in Nashville with his brother, **Grady Williams,** '60.

Arthur S. Booth, Jr., '66, is actively engaged in the practice of surgery in Atlanta. He became a Fellow in the American College of Surgeons recently. His wife, Linda and 5 year old daughter, Kimberly stay active in the Westminster School and its activities.

R. Mark Wilkiemeyer, '66, joined Dr. William L. McDougall for the practice of urology in Atlanta.

Jack G. Williams, '66, recently completed a year in the Indian Public Health Service stationed at the Gallup Indian Medical Center at Gallup, New Mexico. He has now gone into private practice of pediatrics in Douglas, Ga. and has been board certified in the American Board of Pediatrics.

Elizabeth Heimburger, '67, has a joint appointment in child psychiatry and family practice at the University of Missouri—Columbia School of Medicine. Her husband, Richard, who was a surgery resident at MCG, is chief of plastic surgery there. They have both attained their board certification and have three children, Margaret, 7, Richard, Jr., 6 and Katy, 4.

Robert M. Kelleher, '67, has been appointed assistant professor of medicine at Emory University in Atlanta.

Carol F. Meyer, '67, and **Sherrill B. Kelly,** '61, are working in the Gorgas Hospital in Panama. Dr. Myer was recently certified as a medical officer in the pediatrics clinic and Dr. Kelly in the outpatient clinic.

Kenneth W. Reeves, '67, will complete a two-year cardiology fellowship at MCG in July.

Hoke C. Segars, '67, has completed his military service in Munich, West Germany and has gone into general practice in San Francisco.

William C. Shelor, Jr., '67, has entered private practice with Ralph G. Newton, Jr. and G. Clint Schlottman in Macon.

Lee J. Shonfield, 67, is presently completing a fellowship in child psychiatry at the Children's Psychiatric Center at the University of Cincinnati in Ohio.

S. Allan Stocks, '67, is in private practice of ophthalmology in Augusta. Dr. Stocks has been appointed to the clinical faculty at MCG. He and his wife have a son, Mathew David.

Douglas L. Stringer, '67, is in his third year residency of neurosurgery at Bowman Gray School of Medicine. As part of his residency he will spend six months studying with Dr. Charles Drake of the University of Western Ontario School of Medicine. He will be accompanied to London, Ontario by his wife, **Dottie Stringer,** Nsg. '67, and his children, Karen, 4½ and Matthew, 3½.

Samuel E. Wood, '67, is a 2nd year resident in diagnostic radiology at M.U.S.C. He is presently taking a course in nuclear medicine and radio-isotopes at the National Naval Medical Center in Bethesda, Maryland. He and his wife have 2 children, Hagan, 8 and Heather, 6.

Donald F. Cadora, '68, is chief of the department of radiology at Kirtland AFB Hospital in Albuquerque, N.M. He will complete his tour with the air force in June 1976 and will return to civilian practice.

H. N. Kaplan, '68, is the chief of the section of allergy at Moncrief Army Hospital in Fort Jackson, S.C. He will complete his military obligation this summer.

Thomas H. Milner, III, '68, has completed active duty in the air force where he taught neuro radiology at Wilford Hall AFB for two years. He has now entered private practice with an 8-man group, Forsyth Radiological Associates, Winston-Salem, N.C.

Gordon J. Rafool, '68, is a diplomate and fellow in the American Academy of Family Practice. He is currently practicing in Winter Haven, Fla. and he and his wife have three sons, Ray, 8, Brandon, 7 and Christian, 5.

Charles L. Rice, '68, has begun a two-year fellowship in surgical research at the Naval Medical Research Institute. He plans to do an infectious disease fellowship at UCLA starting in July. Dr. Rice has been certified by the American Board of Surgery.

Carl C. Schuessler, '68, has completed his two years in the USAF Medical Corps at

Robins AFB, Ga. and is now in private practice of ob-gyn with J. Lon King, Jr. in Macon.

Robert S. Thornton, '68, has recently entered private practice of neurology in association with the Medical Center Clinic in Pensacola, Fla.

Fred A. Trest, '68, is an assistant professor of psychiatry on the faculty at MCG and is serving as the director of the ETMH inpatient psychiatry unit.

Larry F. Willis, '68, has opened his office for the practice of ophthalmology in Morganton, N.C. He and his wife, Martha have a son, Derek Whitfield Willis.

Lyle A. Kaliser, '69, is currently finishing his Army obligation at Fort Hood, Tex. In Augusta he will be entering into private practice of internal medicine with a group of internists associated with Presbyterian Hospital in Dallas. Dr. Kaliser is board certified in internal medicine and is a member of the American College of Physicians. He and his wife, Nita have two children, Merrill, 6 and Felicia, 4.

Jabez O. Marshall, '69, is enjoying a tour of duty in the air force and he is stationed at Clark AFB Hospital, Republic, Phillipines as an ob-gyn physician. He will remain in the Phillipines for 15 months.

Frank F. Middleton, '69, is serving as chief resident in ob-gyn at the University of Alabama Medical Center in Birmingham. He will enter private practice in Albany with **William M. George** '67 and John Inman. Dr. Middleton and his wife have four children.

Andrew T. Sheils, Jr. '69, recently completed a residency in orthopedic surgery at MCG and is now in private practice in Savannah.

Walter A. Smith, Jr., '69, is a third year resident in orthopedic surgery at the University of Oregon Medical School Hospital.

Ronald L. Tomlinson, '69, is presently doing a residency in urology at N.C. Baptist Hospital, Bowman Gray School of Medicine in Winston-Salem, N.C. He and his wife, Julie, have three children; Christopher, 5, Kelly, 3, and Steven, 8 mos.

George G. Kitchens, '70, is currently chief resident of otolaryngology and maxillofacial surgery at the University of Tenn. in Memphis. Next year, Dr. Kitchens is planning to do a fellowship in facial plastic surgery. He and his wife have two children, Holly, 3 and a new son, George Gray, Jr.

Alexander R. Mitchell, III, 70, will finish his 5 year residency in pathology this June. He and his wife, Eyleen, have one daughter, Andrea, 14 mos.

J. Ronald Newton, '70, is in the army at Fort Campbell, Ky. He is married to the former Margaret Cecilia Thompson.

Roger E. Nunn, '70, will finish a family practice residency at Greenville General Hospital in June. He plans to enter a group practice in Hartsville, S.C. He and the former Jo Hendricks of Augusta are the parents of three daughters, Beth, Susan and Shelley.

Toivo E. Rist, '70, is currently chief of dermatology service at the USAF Regional Hospital at Maxwell AFB, Ala.

John E. Roberts, Jr., '70, recently completed certifying examinations and is now a diplomate of the American Board of Family Practice.

Randolph R. Smith, '70, is a senior resident in ENT at Duke University. He has contributed three papers to his specialties during 1974.

James C. Thomas, '70, was appointed assistant professor of internal medicine at the University of Texas Medical School in Houston.

Frederick B. Thompson, '70, has completed a residency in Honolulu, Hawaii. He is now serving his military obligation in Ft. Carson, Col. He and his wife have two children, Todd, 5 and Stacy, 3.

Thomas J. Tidwell, '70, has finished his residency in radiotherapy at Brooke General Hospital in San Antonio.

Addis D. Windham, '70 and **F. M. Thames, Jr.,** '70, are in private practice of family practice in Demorest.

Pedra A. Gismondi, '71, has finished his residency in internal medicine at the Mayo Clinic and is now in private practice in Oklahoma City. Dr. Gismondi plans are some short term medical mission activities in Peru and other countries. He has two sons, Mark, 10 and Michael, 20 mos.

Lee T. Jordon, 71, completed an internship at Yale and a pediatric residency at Duke. He is now a pediatrician at Charleston AFB, S.C. He and his wife, Samille, have one child, Collin Lee, 9 mos. Dr. Jordan is scheduled for a dermatology residency at Yale beginning July 1976.

Paul J. Nichols, '71, is a surgeon in Indian Health Service at Owyhee, Nevada and is also serving as Service Unit Director of the Owyhee Service Unit. He and his wife have two children, Rebekah Anne and William Aaron.

David P. Nicholson, '70, is stationed as a pathologist at the U.S. Army Hospital in Okinawa. He married the former Alice Byrnes of Ft. Gibson, Miss.

Ralph B. Perkerson, Jr., '71, has finished his residency in diagnotic radiology at Duke University Medical Center. He is planning to enter private practice with Dr. John M. Meadows in Valdosta.

James H. Rogers, 71, completed his residency in pediatrics at Wilford Hall USAF Medical Center, Lackland AFB, Texas. He is currently doing a pediatric cardiology fellowship at MCG.

Frank M. Rumph, '71, is presently stationed at Rhein Main AFB, Germany. His tour of duty ends in July and Dr. Rumph anticipates an internal medicine residency.

William G. Scoggins, '71, has completed his internal medicine residency and is now a NIH cardio-pulmonary research fellow.

James C. Sikes, '71, is doing a psychiatry residency at Duke University. He and his wife Virginia, have two children, Zachary Andrew, 3 and Cristen Elizabeth, 1.

Bruce A. Smith, '71, is stationed at MacDill AFB in Tampa, Fla. He and his wife Mary Jane have 2 children, Allison, 6 mos. and Clinton, 3. Dr. Smith has completed three years of pediatric training at the Medical College of Virginia in Richmond. He and his family will be returning to Georgia for his private practice.

Luther Street, Jr., '71, worked on a fellowship at the University of Texas, Medical Branch under **Luther B. Travis,** '61, who is a professor of pediatrics and director of the division of pediatric-nephrology. Dr. Street is currently on the teaching faculty at William Beaumont Army Medical Center in El Paso. A former classmate, **Ron Digby,** '71, is also on the teaching faculty.

George E. Wright, '71, is a senior resident in orthopedics at the University of Louisville in Ky. After completion in July 1976, he will begin a six month hand surgery fellowship with Dr. Harold Kleinert in Louisville and a six month fellowship in orthopedics and hand surgery at the University of Edinburgh in Scotland. His wife, **Cam Neville Wright,** DH '69, has received her M.Ed. and is teaching at the University of Louisville.

Thomas A. Hilsman, '72, has been transferred to Moody AFB, Ga. for duty as chief of aero-medical services. He was previously stationed at U-Tapao Airfield, Thailand.

William M. McClatchey, '72, is currently stationed aboard the USS Shreveport out of Norfolk, Va. Upon completion of his tour of duty in the Navy, Dr. McClatchey will return to Durham for completion of his training in internal medicine at Duke University.

Rodney L. Smith, '72, is on the faculty at Georgetown University Medical School and is assistant director of the Vital Diagnostic Service. During 1975-77, Dr. Smith will be a clinical associate in pathology at the National Institute of Health in Bethesda, Md.

Robert S. Whitelaw, '72, announces the birth of a son, John Christopher Whitelaw.

Harry N. Dorsey, '73, and his wife announce the birth of a daughter, Shannon. Dr. Dorsey is in his first year medicine residency at Baylor.

Van B. Elliott, '73, is a third year resident in family practice at the St. Elizabeth

Medical Center, Dayton, Ohio and is chief resident on medicine. He completes his residency in December and is considering going into public health service.
James I. Suit, '73, is a first year ophthalmology resident at Grady Memorial Hospital in Atlanta.
Alan D. Clark, '74, and his wife announce the birth of a baby girl, Brenda Gail.
John K. Davis, III, '74, has been accepted for an orthopedic surgery residency at the University of Colorado Medical Center beginning in July.
James R. Hagler, '74, and his wife, the former Rebecca Kay Swanson, are residing in Columbus where Dr. Hagler is doing his internship.
Lane Mathis, '74, is interning in surgery at the Memorial Medical Center in Savannah. Dr. Mathis plans to remain in Savannah for a residency in pathology beginning in July.
William H. Sessions, '74, of Charleston, and his wife, Pat, announce the birth of a son, Matt.
Torrence M. Wilson, '74, has been elected president of the intern class at Fitzsimmons Army Medical Center in Denver, Col.

Nursing

Martha Ann Anderson, 60, is an associate professor at the Medical University of S.C. College of Nursing in Charleston.
Judith Carey McNairy, '64, is working as a part time nurse in a psychiatric hospital in Houston. She and her husband have two children, Stacy, 5 and Eris, 2.
Sharon L. Davis, '66, is assistant chief nurse for Dr. Wayne Yeager at the South Health District in Valdosta, Ga.
Paula G. Gibson, '65, is an instructor at the Medical University of S.C. College of Nursing.
Brenda E. Bell, '66, is a clinical practitioner at Doctor's Hospital in Augusta.
Beth Jones Gay, '66, is a staff nurse for the Laurens County Health Department.
Opal Brown, '67, is an assistant professor at the University of S.C. College of Nursing.
Mary B. Bardin, '68, is a medical nurse practitioner at Fortson Internal Medicine, Inc. in Kennesaw, Ga.
Susan Woolf Goodin, '68, is employed as an instructor in nursing at Texas Woman's University College of Nursing in Dallas.
Kathryn S. Chance, '69, is an associate professor in nursing at Georgia State University in Atlanta.
Patricia N. Connell, '69, is the inservice education coordinator at Hutcheson Memorial Hospital in Ft. Oglethorpe, Ga.
Peggy T. Corbin, '69, is the assistant director of nursing at Emanuel County Hospital
Judy Kent Davidson, '69, is an assistant professor of nursing at Columbus College.
Gail Fuse Davis, '69, is an instructor in fundamentals at the Georgia Baptist School of Nursing in Atlanta.
Sylvia A. Folkins, '69, and her husband announce the birth of their first child, Ariane Evelyn.
Mary C. Betty Goddard, '69, is working for the Department of Human Resources as a clinical nursing specialist.
Captain Maidana K. Nunn USAFR, '58, has been assigned to the associate program 31st Aeromedical Evacuation Squadron Charleston AFB, S.C. This is a support unit for the 58th A.E. Sq. at McGuire AFB, N.J., an active duty unit. She continues fulltime employment at Central State Hospital.
Mary Ellen Byrd Creech, '70, worked as a public health nurse for three years at the San Antonio Metropolitan Health District. She revealed to us that it was a real challenge to learn and use a new language to her, Spanish, on the job. Since her daughter, Adrianna, was born last June, she has been a full time wife and mother, but plans to return to part time hospital work soon. She and her husband, Don still reside in San Antonio, where he is employed by USAA in administrative management.
Joelyn F. DeVane, 70, is a nurse supervisor for the Sumter County Health Department in Americus.
Lula Faye McMillan Froelich, '70, is a clinical staff nurse working in labor and delivery and the intensive care nursery at William Beaumont Army Medical Center. She was recently accepted as a member of NACOG and plans to seek further education along the lines of ICU nursery nursing.
Lynn McKneely Garrard, '70, is a nurse clinician at Anderson Memorial Hospital in Anderson, S.C.
Donna Adcock Knighten, '70, and her husband, Joe, announce the birth of a daughter, Kathryn Elizabeth. Donna is employed at Floyd Hospital as the Project Director of the Appalachian Regional Commission Inservice Education Project.
Janet McKie Benton, '71, is at Bay Medical Center, Inc. in Essexville, Michigan as an emergency room charge nurse.
Claudia O'Brien Blackstone, '71, is employed at Gracewood State School and Hospital as a senior staff nurse.
Juanita R. Bowsher, '71, is an assistant professor at the University of S.C. in Aiken.
Patricia Rice Cook, '71, is employed by the Richmond County Board of Education as a health occupations coordinator and instructor.
Edythe J. Crowe, 71, is working as a clinical specialist in pulmonary nursing in the Greenville Hospital System.
Kathryn Grey Gatlins, '71, is working at Emory University as an associate of the Department of Preventive Medicine and Community Health.
Grayee Andrews Gerlock, '71, is an assistant professor at the University of Texas S.W. Medical School in Dallas.
Margaret A. Callaway, '72, is a head nurse at Athens General Hospital.
Martha Lynn Dailey, '72, is a liaison nurse in the maternal and infant care project at Grady Memorial Hospital.
Ernestine Bady Davis, '72, is an instructor in the School of Nursing at Tuskegee Institute.
Jane Westmoreland Devins, '72, is a charge nurse in the Navy. She was married to Robert Devins last April and is planning to begin graduate school in September.
Katherine Smith Fowler, '72, is a teaching associate at the Aiken Branch of the University of S.C.
Gladys Hires Goldberg, '72, and her husband, **Aaron S. Goldberg,** '73, Med., have two children, Michael, 2½ and Louis, 10 months. Dr. Goldberg is a pediatric resident at MCG.
R. Pauline Campbell, '73, is employed at Cleveland State Community College as an assistant professor.
Linda L. Daniel, '73, is a staff nurse in the surgical intensive care unit at Memorial Hospital in Chattanooga.
Sandra J. Evans, '73, is working at MCG as an assistant professor.
Laura S. Blankenship, '74, is a staff nurse in labor and delivery at the Naval Hospital in Corpus Christi, Tex. and is really enjoying it.
Jacqueline J. Belt, '74, is a staff nurse in surgical intensive care at Grady Hospital in Atlanta.
Bernice C. Brantley, '74, is an instructor in the School of Nursing at MCG.
Nina L. Brazell, '74, is employed with the Department of Human Resources at the Northeast Ga. Mental Health Center as a psychiatric staff nurse. She and William K. Bass, Jr. of Atlanta were married in December.
Clara E. Burton, '74, is an instructor at the University of S.C. in Columbia in the College of Nursing.
Dorothy W. Byrd, '74, is a head nurse at the Linwood Division VA Hospital in Augusta.
Gary L. Caldwell, '74, is a charge nurse in the operating room at Ga. Baptist Hospital in Atlanta.
Mary Bell Chou, '74, is an assistant professor at the University of S.C. in Aiken.
Vicky S. Cranford, '74, is employed with Coliseum Park Hospital in Macon as a staff nurse.
Sybil Morrison Fletcher, '74, is a patient education coordinator at St. Mary's Hospital in Athens.
Sheila Grant Glover, '74, is a staff nurse at St. Josephs Hospital in Augusta.

Annie Bussey Goode, '74, is a head nurse at the Forest Hills Division of the VA Hospital in Augusta.
Linda B. Hubbard, '74, is a public health nursing supervisor for four counties in the north central health district for Georgia.
Joan L. McKee, '74, has joined the Division of Nursing faculty at LaGrange College.
Betty L. Reid, '74, is working for Liberty Mutual Insurance Company as a health consultant in Orlando, Fla.
Sheila Stanley, '74, is presently working as a public health nurse for the Fulton County Health Department.

Dentistry

Andrew R. Allgood, '73, is practicing dentistry in Lincolnton, Ga.
Robert A. Foster, Jr., '73, has opened his new office in Smyrna, Ga.
Phillip H. Miller, '73, is completing his residency in pedodontics at the Indiana University Medical Center in Indianapolis.
Louie F. Peede, Jr., '73, is doing a residency in oral surgery at Parkland Memorial Hospital in Dallas, Tex.
Stephen W. Shiver, '73, is in private dental practice with Walter J. Haslam, DDS and R. Gerald McCranie, DDS in Adel, Ga.
Richard W. Teets, '73, is beginning his dental practice in Jonesboro, Ga.

Graduate Studies

Gordon L. Todd, III, '72, has been named assistant professor of anatomy at the University of Nebraska College of Medicine.

Allied Health

Dental Hygiene

Lynda Perrin, '70, and her husband, Dan, announce the birth of a son, Dan Allen Perrin, Jr. Lynda plans to return to work with the Charleston County Health Department.
Gail Price Schwartz, '70, of Richmond, Va., was the secretary for the Central Virginia Dental Hygiene Association in 1974 and is the president this year.
Anne McFarland Bray, '72, was recently married to E. Riley Bray. Mrs. Bray is presently teaching dental hygiene at Macon Jr. College and her husband is an architect. They are making thier home in Macon.
Jeannette Leverett, '73, of Atlanta, is presently employed as a State Dental Hygienist. She recently attended the first joint regional conference of the American Dental Hygienists' and the American Dental Assistants Association meeting in San Francisco.

Medical Record Administration

Sally Fokes Aderhold, '70, is now a mecial records consultant for a number of nursing homes throughout middle Georgia. She is living in Macon with her husband, Randy, who is a practicing attorney. They have a 16 month old son, Bob.
Margie Hendrix Case, '70, is employed at Greenville General Hospital as director of medical records. She was married last October to Jack Case who is chief engineer at St. Francis Hospital in Greenville, S.C.
Launa L. Graham, 73, is currently the assistant medical records administrator at St. Joseph's Hospital in Atlanta.
Phronsie M. Horton, '73, is associate director of medical records at Baylor University Medical Center in Dallas, Tex.
Verna Gary, '74, is the director of medical records at Hughes Spaulding Hospital in Atlanta.

Medical Technology

Lois Henderson, '68, is working in the Microbiology Laboratory at Memorial Hospital in Colorado Springs, Col.
Barbara Rinn Wood, '69, is working in the microbiology section of the Cabell-Huntington Hospital, Huntington, West Virginia.
JoAnn Songa Hong, '71, announces her marriage to Mr. Charles W. Worthington. They are making their home in Rome, Ga.
Yvonne O. Stone, '71, is employed with the Center for Disease Control in Atlanta as a microbiologist.
Ann Chastain, '74, is working at the University of Georgia Veterinary School medical microbiology department.

Radiologic Technology

Sister Velma Rose Pomes, '71, is presently a senior staff radiation therapy technologist at the American Oncologic Hospital in Philadelphia, Pa.
Bobby Edwards, '73, is employed with the Veterans Administration in Dublin as a radiologic technologist.
Paul Kalman, '74, of Savannah, was appointed director of inservice education at Memorial Medical Center of Chatham County for the department of radiology.

Maxwell Gift is $50,000

The Medical College's endowment fund has received a $50,000 boost with the establishment of the Grover C. and Corrie Ann Maxwell Fund in the MCG Foundation, Inc.

The gift, made by Augusta businessman and community leader Grover C. Maxwell, was announced by banker Charles Presley, chairman of the Augusta phase of the fund drive.

"Our goal for the local business and industrial community is $400,000, so Mr. Maxwell's gift represents a substantial head start in our Campaign," Mr. Presley said.

The latest Maxwell gift represents the second substantial contribution made to the Medical College of Georgia Foundation by the Maxwell family. In 1972, the family transferred nearly $350,000 in educational trust funds to the College to help build endowment for student financial aid.

MCG Pres. Dr. William H. Moretz said Mr. Maxwell's gift marks "another instance in which the Maxwell family demonstrates its philanthropic commitment to a better Augusta and a better Medical College.

"The Grover C. and Corrie Ann Maxwell Fund in our endowment will provide the kind of un-ending recognition this family deserves."

"The income from this endowment fund will provide benefits for generations into the future with attendant honor to the Maxwell name," Dr. Moretz added.

Mr. Maxwell, who is retired, is a founding member of the Maxwell Brothers Partnership, begun in Augusta in the early 1900s. For a time, he served as president and general manager of the firm, which included 35 retail furniture stores and numerous real estate operations.

He and his wife, the former Corrie Ann Meares of Westminster, S.C., have three sons. □

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